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ABSTRACT

This manual was created for the practicing counselor as a supplement to whatever formal counselor training he or she may have received. It contains information regarding some of the most critical competency areas as well as a variety of other resources upon which the counselor may draw for further study or assistance. The manual is divided into 12 sections which represent the following major competency areas: individual counseling techniques, group counseling techniques, the counseling of culturally diverse clients, drug and alcohol counseling, interviewing skills, psychological assessment, career development, economic self-sufficiency planning, referral strategy, accountability methods and information resources. Each section contains a statement(s) of learning objective(s) followed by a pre-test covering the information in that section. This manual is a resource for increasing counselor awareness while providing a quick information source. (Author)

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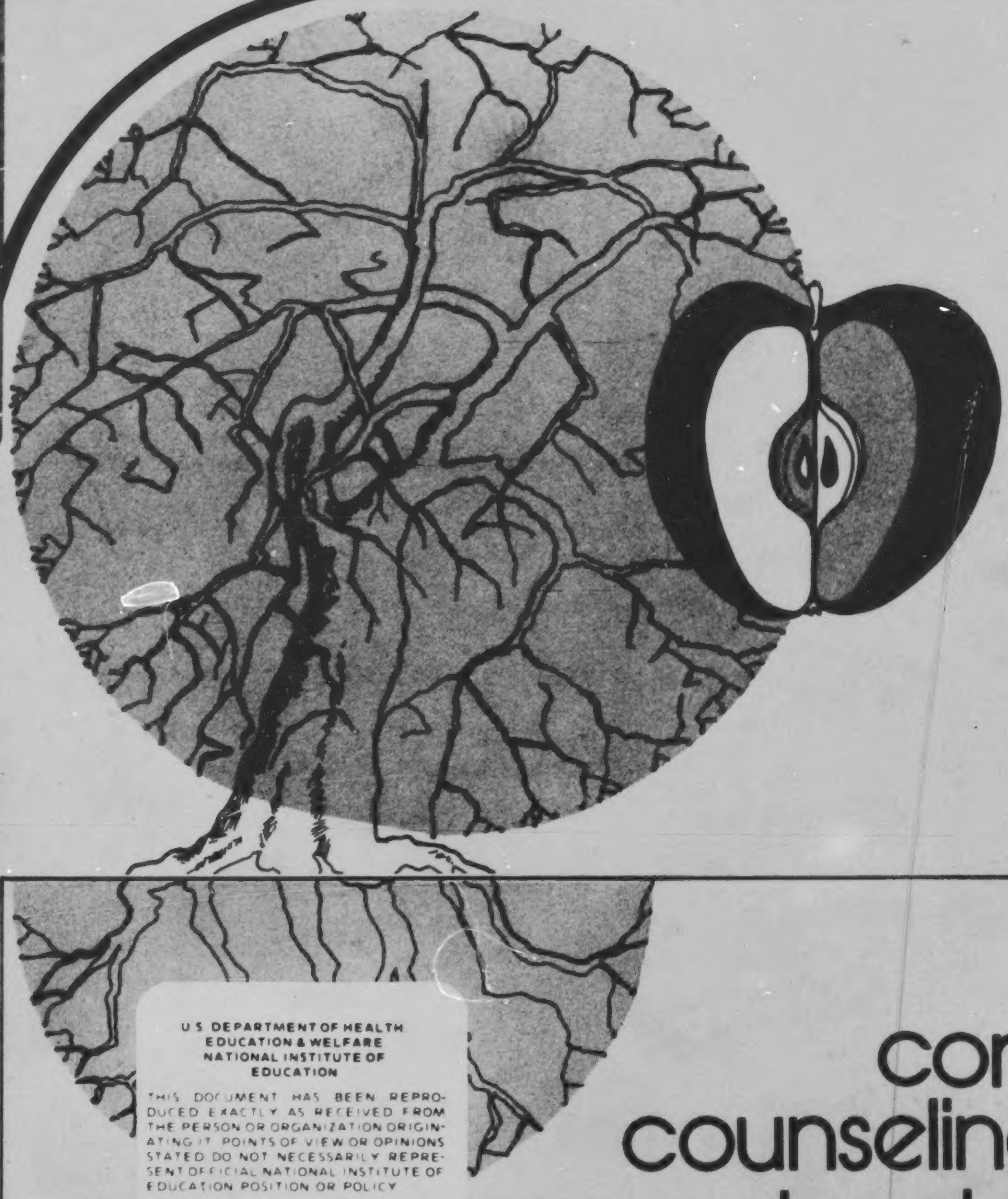

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core counseling competencies

a manual for self-growth

Division of Manpower Development and Training
U.S. Office of Education

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CORE COUNSELING COMPETENCIES:
A MANUAL FOR SELF-GROWTH

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INTRODUCTION

USING THE HANDBOOK

This handbook was created for the practicing counselor as a supplement to whatever formal counselor-training he/she may have received. While it was designed primarily for manpower counselors, it should be just as valuable for counselors in any school or agency setting.

While we recognize that all the varied information and/or skill which a counselor needs could never be contained in any single volume or series of volumes, we have attempted to capture information regarding some of the most critical competency areas as well as a variety of other resources upon which the counselor may draw for further study or assistance.

Format

The handbook is divided into 12 sections which represent major competency areas. These sections may be accessed through the thumb index on the back cover of the handbook or by looking for the appropriate page listing in the index.

Each section contains a statement(s) of learning objective(s) followed by a pre-test which covers the information in that section. If one successfully completes the pre-test, it may usually be assumed that he/she already has mastered most of the information in the section. If there are mistakes on the pre-test, one should then proceed to read the instructional information which follows. At the end of each section there usually are suggestions for further study or research. Additionally, there are further sources of information contained in the last section of the handbook.

In summary, this material is a resource for increasing counselor awareness, providing a quick information source and in general improving the capability of counselors in many settings to meet their client's needs.

COUNSELING TECHNIQUES (Individual)

COUNSELING TECHNIQUES

Objective: Increase counselor awareness and self-esteem.

Pretest

1. All our actions are the means we use to directly or indirectly fulfill the need to:
    a. control others
    b. feel good about ourselves
    c. expend psychic energy
    d. express our autonomy
2. The most important personal characteristic of an effective counselor is:
    a. intelligence
    b. independence
    c. high self-esteem
    d. transparency
3. High self-esteem correlates highly with one's ability to:
    a. assume a clients internal frame of reference
    b. integrate counseling skills quickly
    c. maintain independence from others
    d. a and b
4. Low self-esteem is perpetuated by
    a. acting according to others values
    b. depending on others approval for our own sense of worth
    c. not having faith in our own capacities
    d. all of the above

5. The most important condition necessary for improving self-esteem is:

   a. expanding our awareness

   b. reprogramming our awareness

   c. self-directed action

   d. all of the above

6. Tolerance for ambiguity refers to:

   a. ability to function well in highly unstructured experiences

   b. ability to allow others to have their own values

   c. accepting cultural differences

   d. none of the above

True or False

7. Self concept is how we cognitively view our assets and liabilities.

8. Personality characteristics are relatively easy to change if we just have enough desire to do so.

9. Knowing how we want to be almost always frees us to be that way.

10. The easiest way to change our own behavior is to focus on meeting others needs.

Answers to Pretest

1. b
2. c
3. d
4. d
5. d
6. a
7. F
8. F
9. F
10. T

Man's Basic Need

L.S. Barksdale in his series on Building Self-Esteem (Barksdale Foundation, 1972) has made the observation that our most basic need is to "feel good" about ourselves mentally, physically and emotionally. If this is true, then it follows that almost every observable behavior of each of us is a direct or indirect effort to fulfill that need. Even though the action we observe may result in the exact opposite of the desired outcome, the action merely sprang from a distorted awareness of how the need could be met. The result of having all our needs met adequately and of feeling good about who we are is that we are able to meet the needs of others in a counseling relationship without having our own feelings getting in the way.

Self-Esteem

Many persons believe that the most basic personality characteristic of an effective counselor is high self-esteem. This is so because only when a counselor has high self-esteem himself can he convey assurance and a sense of security to the client. He is then aware of and comfortable with the client's affective, emotional responses. A counselor with low self-esteem often tends to resort to and focus on the client's rational, cognitive responses as a safety measure; thus, not feeling secure about himself and his own emotions will keep him from feeling adequate to explore the client's. High self-esteem in a counselor enables him to encourage and respect spontaneity in the counseling process rather than needing to restrict it. Furthermore, high self-esteem seems to correlate with a counselor's ability to perceive a client's problems from an internal frame of reference; (i.e. to be more genuine and empathic). Low self-esteem in a counselor often results in his remaining on a more superficial level, discussing problems in terms of external influences rather than the internal, affective and subjective responses of the client.

Comprehension Check #1

What are possible effects of low counselor self-esteem on the counseling relationship?

A research study conducted by Kazienko and Neidt in 1962 distinguished "good" and "poor" counselors in terms of their own self-concept. The characteristics which were described are probably related to feelings of self-worth. The "good" counselors perceived themselves as serious, patient, soft-spoken, more domestic than social, and not mechanically or industrially inclined. They expressed the need for a certain degree of security but tended to reject need for wealth. In terms of values, they generally rejected shrewd or manipulative behavior as well as general conformity, severity and strict adherence to rules. With regard to feelings about others, they generally viewed people as possessing an adequate measure of intellectual ability though self-centered. The "poor" counselors, on the other hand, did not perceive qualities of seriousness or patience in themselves, they tended toward loudness of voice, emphasized conformity and strictness, and gave people no particular credit for intellectual assets. Assuming that these characteristics are related to self-esteem, this study tends to confirm the belief that high self-esteem is critical to effective counseling. Counselors with low self-esteem have a tendency to be inflexible and defensive, and often display these characteristics in the actual counseling process.

What is self-esteem? Barksdale describes it as a basic feeling we have about ourselves, about our sense of worth and importance. It is not an intellectual realization or conscious awareness, and it is generally difficult to change, since it has been formed as a result of numerous environmental factors during our childhood. In order to develop high self-esteem, we must, first of all, assume full responsibility for our lives and our well-being and learn to accept ourselves, regardless of mistakes, as basically important and worthy human beings. Striving for "perfection" results in low self-esteem and constant feelings of inadequacy.

Comprehension Check #2

What is self-esteem?

Self-esteem does not need to be proven; self-praise and "showing off" are generally symptoms of low self-esteem. It is reflected not in "what I do" (ascribing feelings of importance to achievements), but in "who I am." In Barksdale's opinion, low self-esteem is perpetuated in numerous ways, some of which include the following:

- not having faith in ourselves
- not having a general sens of meaning in life which motivates us toward action and growth

- depending on others' feedback for our own sense of worth and importance
- trying to "prove" ourselves by comparing ourselves with others and seeking their approval
- acting according to others' values, expectations and societal norms (reacting rather than acting)
- resisting and worrying about things we can do nothing about

Example: A famous athlete or T.V. personality may appear to have self-esteem. However, his need to be validated and approved by an audience might indicate that his self-concept depends on outward (extrinsic) achievements rather than his inner feelings about what kind of a person he is. It is interesting to observe how many public personalities "fall apart" once they are out of the limelight, having nothing to fall back on. Feelings of self-worth cannot depend on other persons' evaluations and praise. Frequently persons associate their self-worth with accumulation of money or things, neither of which ware reflections of them as human beings and which generally indicate low self-esteem.

One of the most basic conditions necessary for the achievement of self-esteem is the will to understand; the desire for clarity, comprehension and awareness. In addition, a sense of self-regulation is essential to self-esteem: feeling one can control his existence, not being carried away passively by feelings which arise spontaneously and cannot be controlled. Our awareness determines our needs and how we fulfill them, how we relate to persons around us, and, most important, it determines our self-esteem.

Barksdale has outlined a procedure for building self-esteem, which he has broken down into three separate approaches, all of which are essential in developing high self-esteem. The following is a summary of these approaches.

The first step is expanding our awareness. This concept encompasses not only perceptions resulting from our five senses but everything we perceive instinctively and intuitively, both consciously and unconsciously. Our awareness at any given point in time is the result of the total conditioning of our whole life experience, plus our innate intelligence and intuition. In order to expand our awareness and to bring about any form of change, we must recognize the price involved and decide we are willing to pay whatever that price may be. Such "price" is determined by the unwanted consequences of whatever our desired outcome will be. Establishing priorities and deciding that the desired outcome outweighs any possible negative consequences is an important step in building sound self-esteem.

In this view there are three pre-requisites for increasing our awareness through self-exploration. First of all, we must recognize, accept and act on our own authority, question everything, and draw our own conclusions. Secondly, we must stop condemning ourselves, refuse to accept blame, shame or guilt, regardless of any undesirable characteristics we discover in ourselves. Only when we are totally free to look deeply at ourselves and accept the fact that whatever we have done has been the best thing we possibly could do at the time, can we truly expand our awareness.

The third requirement is to condition ourselves to maintain an awareness of ourselves. Awareness of ourselves will involve exploring the following: our thoughts, speech, needs, desires, objectives, actions and motivations, emotional reactions, moods and attitudes, values (where did they come from? Do we accept them at face value?) beliefs, mistakes and defeats, problems, compulsions, and our expectations ("oughts," "shoulds" and "musts"). The final consideration will be asking who is responsible for us; who is our authority? Once we have accepted that we alone are responsible for our lives, then we can create further awareness and understanding of ourselves and eventually of those around us.

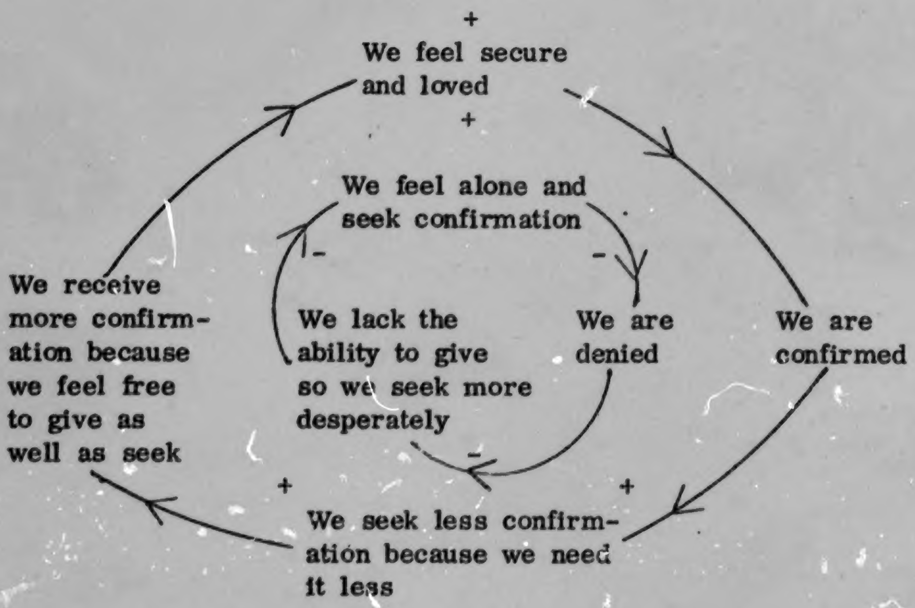
The second approach to building self-esteem is reprogramming our awareness. An effective way to do this is by verbally or mentally affirming new concepts and their implications when our mind is in a relaxed, quiet and receptive state. The important factor to consider is relaxation, as opposed to concentration. According to Barksdale, constant repetition and reinforcement will affirm and integrate these concepts into our awareness.

Some of these concepts needing affirmation include: being unique individuals doing the best that our current awareness allows us to do, being solely responsible for our life and well-being, having innate authority to control our life, and having the right and freedom to make mistakes, be defeated or to fail. Furthermore, we must believe that our actions respond to personal needs which are determined by our prevailing awareness. We need not and cannot justify them. Rather we should affirm ourselves that no one in the entire world is more important or worthy than we are and that our mistakes contribute to our learning and growth.

The third approach to change is the "Direct Action Program," which is essential to high self-esteem. Only our own self-directed actions can result in replacing feelings of inadequacy, inferiority and lack of worth. Self-discipline can only be exercised successfully if the perceived advantages will outweigh the disadvantages: we must be aware of the price involved and decide it is worth paying. The more we are able to translate our desired action into actuality, our self-esteem will increase, and the more difficult the action, the better we will feel for having accomplished it. It will be important not to allow ourselves to be influenced or in any way discouraged by persons around us. This feeling, of being our own authority, impervious to others' criticism or doubt, will in itself build our self-esteem.

A significant factor to consider in terms of self-concept is that of the "self-fulfilling prophecy." Our self-concept determines our behavior. If we feel incompetent, for example, we will live up to that image of ourselves, and, conversely, if we feel bright and competent, our behavior will demonstrate it. This is especially important to remember in terms of our own and others' behavior. With expanded awareness and self-understanding, we will not have to "live up to" anyone else's expectations. Building high self-esteem allows us to act independently of outside pressures or controls and we thus become autonomous and responsible for our own lives.

The Self Concept Cycle and Concomitant Behaviors


+
We feel secure and loved
+
We feel alone and seek confirmation
-
-
We receive more confirmation because we feel free to give as well as seek
We lack the ability to give so we seek more desperately
We are denied
We are confirmed
-
+
+
We seek less confirmation because we need it less

The outer circle represents a positive self-concept cycle; the inner a negative.

Other Personality Characteristics

While no definitive research exists to support contentions about "appropriate" counselor characteristics, considerable agreement has emerged in the literature concerning personality characteristics of effective counselors. Agreed upon traits include genuineness, openness, flexibility, honesty, warmth, sense of humor, energy, intelligence, knowledge of resources, transparency, courage, enthusiasm, self-confidence and assertiveness. Other characteristics commonly associated with effective counseling are:

- tolerance for ambiguity
- expressed empathic understanding

- emotional stability
- unconditional positive regard
- ability to maintain psychological distance from client
- good social relationships with non-clients

It should be noted that tolerance for ambiguity is a particularly critical dimension in the counseling relationship if one operates from the point of view that each client is responsible for discovering and implementing his/her own course of action. A person with low tolerance for ambiguity is likely to impose a rigid structure in the counseling relationship and push too quickly toward resolution of problems or concerns of the client. Further manifestations of this characteristic would be no tolerance for silence in the conference, too quick answers and accepting responsibility for the client's decisions.

Further discussion of facilitative counseling behaviors may be found in the next section of this manual.

Summary

An integrated counselor is one who usually demonstrates a high level of self-esteem, is genuine, honest, transparent, flexible, warm, spontaneous and who encourages others to accept responsibility for their thoughts, feelings and actions. This is not to suggest that effective counselors don't occasionally demonstrate the exact opposite of all these characteristics under certain circumstances. Each counseling relationship creates new interactions and dynamics; thus a counselor may be very "together" and helpful in one situation while being disintegrative in another. The condition toward which the professional counselor will aspire is to be helpful to most of the people most of the time.

Personality variables are difficult to change even when one sees the desirability of doing so. "Knowing" and "doing" are two different things. However, the first step in being different is assessing how you are and how you want to be and then setting out on a course of action which will lead to the desired change. The change will be imperceptibly slow at times and will occur more permanently if it comes as a side product of an intent to assist others in their becoming.

Resources for Further Study

Barksdale, L. S. Building Self Esteem, The Barksdale Foundation, 1972.

Branden, Nathaniel. The Psychology of Self Esteem, Nash Publishing Corporation, 1969.

Hamochek, Don. Encounters with the Self, Holt, Rinehart and Winston, 1971.

Kell, Bill and Mueller, William. Impact and Change, Appleton-Century-Crofts, 1966.

Mahler, Clarence. Group Counseling in the Schools, Chapter 8.

Shertzer and Stone. Fundamentals of Counseling, Chapter 6.

Tyler, Leona. The Work of the Counselor, Chapter 3 and 13.

Objective: To recognize effective counseling behavior of other counselors.

Pretest

1. The two basic dimensions of counseling described by Carkhuff are ________________ and ________________.

2. The facilitative or responsive conditions are ________________, ________________, and ________________.

3. The initiative or action-oriented dimension includes the conditions of ________________, ________________, and ________________.

4. Match the conditions on the left with their descriptions on the right.

_____ Empathic Understanding

_____ Respect (positive regard)

_____ Concreteness

_____ Genuineness

_____ Confrontation

_____ Immediacy

a. Being specific about the client's feelings and experiences, focusing strictly on his experiencing and avoiding extraneous or irrelevant data.

b. The "here-and-now" of the counseling process; involves awareness and clarification of the counselor-client relationship.

c. Feeling deeply with the client; being able to allow oneself to experience the client's subjective view of reality, and communicating this understanding.

d. Pointing out incongruence in the client: for example, making him aware that he is saying one thing but acting differently.

e. Accepting and caring for the client as an individual of importance and worth, without fostering a dependency relationship.

f. Authenticity: being real and congruent in terms of what one feels and what one does.

Answers to Pretest

1. Facilitative and responsive.

2. Empathy, respect, and genuineness.

3. Concreteness, confrontation, and immediacy.

4. c

   e

   a

   f

   d

   b

Effective Counselor Behavior

A useful means of developing one's own effective counseling behavior is learning to recognize facilitative behaviors and techniques of other counselors. With this in mind, the following brief outline of Carkhuff's (Houghton Mifflin, 1969) basic principles concerning observable effective counseling behaviors might be helpful to counselor trainees.

The two basic dimensions of counseling described by Carkhuff are (1) facilitative and (2) initiative. The facilitative or responsive conditions include (a) empathic understanding, (b) respect and (c) concreteness. The initiative or action-oriented dimension includes (d) genuineness, (e) confrontation and (f) immediacy. Together, these dimensions will generally facilitate the client's growth or change. For the purpose of recognizing these responses, it is important to describe the characteristics of each condition.

(a) Empathic understanding involves feeling deeply with the client; being able to allow oneself to experience the client's subjective view of reality, and communicating this understanding. This communication can be verbal as well as non-verbal. Often simply maintaining eye contact and nodding one's head can be an empathic response. In communicating this understanding verbally, the counselor focuses on the client's feelings resulting from his experiences rather than on the experiences themselves.

(b) Respect is demonstrated by accepting and caring for the client as an individual of importance and worth, without fostering a dependency relationship. This can be communicated by directly affirming the client's worth ("you seem to be a very capable person") or by the counselor expressing his belief in the client's ability to make independent decisions.

(c) Concreteness involves being specific about the client's feelings and experiences, focusing strictly on his experiencing and avoiding extraneous or irrelevant data. The counselor clarifies the client's statements, using precise descriptions and avoiding generalities. For example, he will say "I feel" rather than "many people feel," or he will clarify by asking "is this what you mean. . . ?"

(d) Genuineness implies authenticity: being real and congruent in terms of what one feels and what one does. The counselor can demonstrate this by being sensitive to the client and aware of his own feelings toward him. This does not necessarily involve overtly acting upon his feelings; being congruent can mean being aware of these feelings and choosing not to act upon them immediately. A genuine response might be "I'm really happy things are working out for you."

(e) Confrontation involves pointing out incongruence in the client: for example, making him aware that he is saying one thing but acting differently. A counselor can do this in a relatively gentle, non-threatening way by stating his own confusion: "I'm feeling a little confused. You seem to be saying this but your behavior tells me. . ."

(f) Immediacy implies the "here-and-now" of the counseling process and involves awareness and clarification of the counselor-client relationship. The counselor discusses underlying feelings existing between the client and himself, which can be helpful in reducing tension and creating a smooth and free-flowing counseling process.

Comprehension Check #1

Identify the type of conditions implied by the following counselor statements.

1. "On the one hand you say you hate your father yet you seem to really seek his approval." ______________
2. "How are you feeling about our relationship right now?" ______________
3. "You say 'people' bug you; is there someone specific you are upset with?" ______________

Another way of viewing the counseling process and resulting behavioral change is to view both as a function of a complex interplay of counselor and client dynamics, rather than the separate behaviors of each. Kell and Mueller in Impact and Change have studied this reciprocal-relationship-phenomenon and were able to identify recurrent themes which seemed to underlie the effective counseling process. It appears that these basic themes are relevant to any individual or personal theory of counseling and are, therefore, important and useful considerations. The following paragraphs summarize their views.

Counselor-client communication. Communication between counselor and client is conducted simultaneously on a number of complex and subtle levels, and its meaning is basically derived from this immediate (here-and-now) interaction. Each counseling session is unique in its effectiveness; the client-counselor relationship is a fragile one which can be destroyed in one session yet reconstructed in the next. The behavioral interchange of the counselor and client has residual as well as immediate meaning, both in terms of explicit and implicit content.

Counselors should be well aware of the fact that mistakes can be made; however, whatever the counselor stimulates in the client (hostility, hurt, guilt, or whatever) can be helpful in learning more about the client and affecting change. It is Kell and Mueller's belief that client agitation must be recognized as a crucial antecedent to change, as much as it might be defended against. Many counselors and psychologists reject homeostasis as a goal of counseling. They believe that "creative tension" must be present for the person to experience motivation (stimulation) to grow.

Client's intent. A client's eliciting behaviors, as varied and often ambivalent as they may appear, have two contradictory intents: a client wishes to change yet simultaneously protects himself from the fearful aspects of changing (fear of the unknown). A counselor must be aware of these intents at times when the client appears to resist necessary change and relies on past defensive behavior to do so. A counselor's vulnerability to responding to defensive behavior depends on his own needs and conflicts, which can get in the way of assessing the client's true motivation. It is easy to get trapped into feeling responsible for the clients feelings.

Sympathy and empathy. It is important to consider the difference between sympathetic and empathic behavior: the latter consists of a counselor's adequate responses to the client's genuine request for help, whereas sympathetic behavior is that which responds to the client's defenses, misinterpreting them for his true feelings about his basic conflict. Sympathy is feeling the clients feeling. Empathy is feeling with the client without experiencing the same emotive responses as the client. Resistance will substantially increase as the client's defenses are weakened, and he will often provoke, criticize or threaten the counselor to maintain his defenses. Provided that the counselor is continually sensitive and responsive to the client's real problems and the meaning of his defensive coping behaviors, the client will begin to internalize and modify his original behaviors. The process of internalization, (i. e. being aware that one's problems are one's own responsibility) is often the most difficult aspect of counseling. Clients who feel their difficulties are due to their environment and are, therefore, not within their control and blame something or someone else for their problems, are externalizing and not accepting responsibility for their ability to change themselves.

Comprehension Check #2

Describe one major difference between sympathy and empathy.

Counselor's attitude. The counseling process is largely determined by the previous behaviors and interactions of both counselor and client. The counselor must closely examine his attitudes toward the client to discover his own possible mixed feelings about helping the client. How the counselor deals with negative, potentially threatening messages or confrontations from the client will have a direct bearing on the future of their relationship. If his competence is threatened, for example, he may react by feeling either guilty or overwhelmed, or he may become aggressive, hostile and defensive himself. Appropriate counselor behavior will result if the counselor can resolve his own ambivalence and be dynamically free enough to listen and evaluate the stimulus which caused the client's particular response.

In order to create an effective and dynamic counseling relationship, a counselor should be continually aware of and search for the recurring affective theme, or underlying emotions which are not necessarily expressed verbally, which pervades the client's descriptions of experiences (i.e. content). This will be helpful in assessing the client's basic attitude toward himself, which is often the crux of the problem. The counselor's sensitivity will be crucial in approaching the client with underlying feelings which trigger painful memories and often result in defensive resistance on the part of the client.

Example: A client talks continually about his early relationship with his father in terms of anger, and the counselor detects a painful, hurting tone underlying his angry description. If the counselor tries to deal with previous painful experiences, the client might try to avoid facing it and resort to defenses such as hostility or threats toward the counselor. It is the opinion of Kell and Mueller that some inner turmoil is necessary to bring about awareness and subsequent change in a client's behavior; thus the counselor should not necessarily be deterred by a hostile response. Here the client may experience mixed feelings toward the counselor, based on past relationships which were ineffectual or threatening. This ambivalence may be expressed in subtle, often contradictory undertones which the sensitive counselor will be able to relate to and use in further developing a level of trust with the client. His response will be perceptive but not punishing; the counselor's adequacy is a function of his ability to recognize and respond directly to feelings, no matter what the feelings are. Again, an effective counselor will not allow his personal fears or conflicts to interfere with the counseling process.

Dealing with the problem. In order for a client to be able to internalize his problems, he will have to expand the feelings associated with his conflicts. Generally speaking, according to Kell and Mueller, this is the counseling objective, since the acute experience of conflict as internal to one's self as opposed to blaming one's environment for problems, is a necessary emotional step toward accepting responsibility for new means of control. Frequently a client will resort to "acting out" behaviors with the counselor, as another means of blaming others and eliciting controlling responses from the counselor, as past experience has taught him to do. The counselor's best defense against the client's threat to "act out" is to recognize the defensive element of this threat and not react to his own personal fears which could lead to actually controlling the client. Only after the counselor can give up trying to control the client and, instead, strengthen the relationship, can the client experience the relationship as safe enough to reveal his innermost feelings.

The effective counselor. In order to be an effective counselor, one must be aware of one's own needs and conflicts, and be able to separate them from the counseling process. Being aware of his need to nurture, for example, a counselor should be careful not to prolong nurturing his client beyond the point at which nurturance is growth-producing for the client simply to satisfy his own needs. The counselor's need for approval or affection can result in a strong reaction to a client's anger or hostility. Such relationships often reflect a counselor's inability to experience adequacy as something that is independent of the client's feelings about whether he is adequate. Anxiety about one's adequacy as a counselor can be destructive to a relationship when it is too desperately sought. Furthermore, successful past experience may help a counselor to have generalized feelings of competence, but the fact that this adequacy must continually be earned calls for a degree of humility about counseling relationships.

Comprehension Check #3

Why is externalizing of problems inimical to counselee change?

Counselor attitudes, values and beliefs. The attitudes of the counselor and his approaches to the client are important factors in any counseling relationship. His beliefs and values are significant aspects of the counseling process, along with his personal self-esteem. Of primary importance is the counselor's belief that the counselee must be treated with dignity, equality and individuality, and that there is something of supreme value in every human being.

Another important philosophic orientation of a counselor is his belief in man's need for freedom. This freedom does not only mean freedom from something; it also implies freedom to create, to originate, to search and to choose. Conjunctive to this principle is the belief that freedom is good. In exercising freedom, man develops responsibility and self-determination, which in turn allow him to select his own purposes and meaning in life. Most counselors believe that the counselee has the ability to deal constructively with his problems; man is responsible for and capable of changing his world.

A counselor's attitudes and beliefs are generally transmitted to the counselee. As discussed earlier, his self-concept is a significant factor in the counseling process. His degree of optimism and his basic concept of man are underlying philosophical issues which are transmitted to the counselee; they are invariably reflected in the counselor's own sense of worth and direction in his life--i. e. in his own self-concept.

Values. The question of whether or not the counselor should convey his own values to his client, or whether he should remain neutral and objective arises. Remaining neutral can be interpreted as accepting or condoning unethical behavior--or at best being indifferent--and it is the belief of many counselors that some value orientation or clarification is necessary for effective counseling. Most counselors appear to believe that change should not, however, be achieved through manipulative or indirect methods. The counselor must be consciously aware of his own values and his influence on the client's. He serves as a model for the client to emulate, as an individual with high self-esteem who consciously and congruently reflects his philosophy of life and his values in the way he lives his life. The counselor's authenticity is crucial to the effective counseling process. His own humanness serves as a basis for the client to become authentic and human himself. His humanness consists not only of being warm and responsive but also of being angry or sad, and of having the capacity to disclose himself honestly and openly when such self-disclosure is appropriate.

Acceptance. With regard to values, it is important to recognize that a counselor does not necessarily impose his beliefs on the client merely by exploring them with him. His acceptance of the counselee is critical; it requires respect for him as a person of worth, who is unique and different from anyone else, and whose being is uniquely shaped by a complex pattern of events. Acceptance is a direct result of the counselor's ability to be non-judgmental. It means being free of placing any conditions on the client for extending his help. It is felt by the counselee as a result of his verbal and nonverbal behavior and, again, it reflects his own value system as well as his own self-concept.

Comprehension Check #4

What are the dangers of utilizing subtle methods of influencing someone's values?

Summary

There are identifiable conditions of change and growth in clients.

These characteristics of progress can be summarized as follows:

1. The client takes responsibility for his own behavior and feelings.
    a. He admits to the discomfort and accepts responsibility for change.
    b. He specifies what the focus of the discomfort is.
2. The client commits himself to change.
    a. He states his role in change or in keeping things as they are.
    b. He makes a definite commitment to effect change.
3. The client differentiates between stimuli to which he responds.
    a. He stereotypes himself and others less.
    b. He recognizes internal and external motivators interacting with him.
    c. He distinguishes between his reality and that of others.
    d. He sees his uniqueness as well as his commonality with humanity.
    e. He seeks interdependent relationships in which there is free giving and taking.

Generally agreed upon counselor behaviors which are conducive to these changes occurring in the client are:

- empathic understanding of client
- positive regard for client
- concreteness of communication
- genuineness of response
- gentle confrontation of client

- immediacy of communication
- confrontation of homeostatic tendencies of client
- avoidance of sympathetic responses
- freedom of counselor to allow client to direct self-discovery
- encouraging client to accept responsibility for own behavior and feelings.
- climate of support which discourages dependency

Resources for Further Study

Berenson and Carkhuff. Sources of Gain in Counseling and Psychotherapy, (summary), Holt, Rinehart and Winston, 1967.

Carkhuff, Robert. The Development of Human Resources, Chapter 7, Holt, Rinehart and Winston, 1971.

Carkhuff, Robert. Helping and Human Relations, Vol. I and II, Houghton-Mifflin Company, 1969.

Guidance Monograph Series, Volume II, Houghton Mifflin Company, 1968.

Kell, Bill and Mueller, William. Impact and Change, Chapters 1-4, Appleton-Century-Crofts, 1966.

Shertzer and Stone. Fundamentals of Counseling, Chapters 4, 12, 13, 14, Houghton Mifflin Company, 1968.

Tyler, Leona. The Work of the Counselor, Chapters 3, 4, 5, Appleton-Century-Crofts, Inc., 1969.

Answers to Comprehension Checks

Comprehension Check #1

Confrontation, Immediacy, Concreteness.

Comprehension Check #2

Sympathy is feeling the same emotions the client feels; empathy is being able to feel with the client without experiencing the same emotions (i. e. understanding).

Comprehension Check #3

It results in the client being unable or unwilling to accept responsibility for change since he/she feels controlled by circumstances instead of being able to act.

Comprehension Check #4

The change that may occur is imposed on the client rather than chosen. He/she may later experience great resentment toward the counselor. In any case, it is a basic violation of the counselee's personal freedom.

Counseling Skills

Objective: Ability to objectify and apply a systematic decision making model in counseling.

Pretest

1. The ability to utilize systematic decision making during the counseling process is related directly to:

   a. having reached the point of accepting responsibility for his/her own life.

   b. knowledge of most of the factors affecting his/her ability to decide.

   c. threat free counseling atmosphere

   d. all of the above

2. The two processes generally involved in effective decision making are:

   a. abstraction and application

   b. concentration and dedication

   c. clarification and reflection

   d. none of the above

3. Place the following steps in systematic decision making in their proper sequence

   _____ a. defining problem

   _____ b. choosing solutions

   _____ c. identifying problem

   _____ d. evaluating results

   _____ e. implement solution

True or False

4. Probably the most critical step in decision making is clearly defining the problem.

5. Counselors should not hesitate to assume a great deal of responsibility for their clients decisions since that is a major reason for having a counselor available for help.

Answers to Pretest

1. d

2. a

3. c, a, b, e, d

4. T

5. F

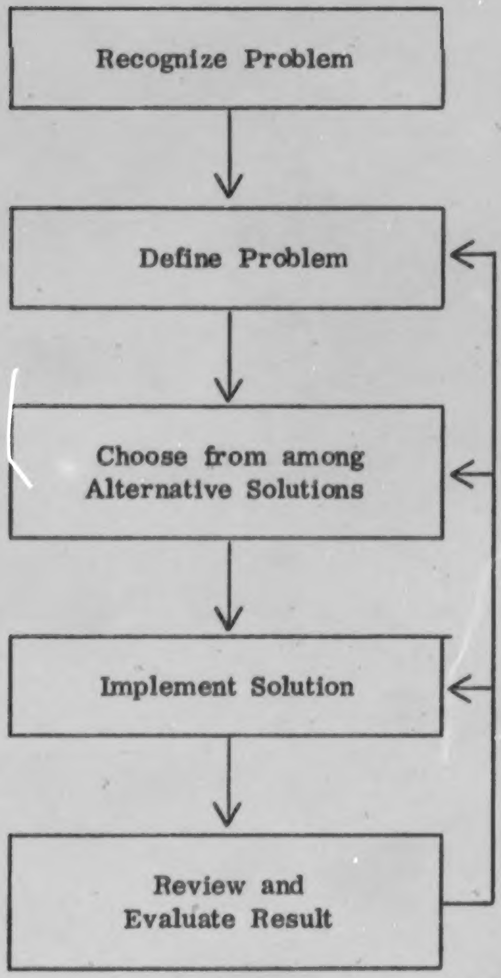
Decision-Making Process

When a client has reached the point of accepting responsibility for his own life and feels secure enough to take appropriate and necessary action, it might be helpful for the counselor to communicate a decision-making model to him. Keeping in mind that a counseling objective is to assist the client in accepting responsibility for himself, it is important for the counselor not to make any decisions for the client.

Counselors should recognize the element of appropriate timing with regard to decision-making. Before a client is ready to accept this responsibility, he will need to explore his deeper feelings and become aware of his needs. The counselor's role has been described earlier as that of responding to the client in an accepting and threat-free atmosphere, in which the client can reach his own level of readiness and awareness.

There are several basic steps involved in decision-making which are generally appropriate to any situation. The process outlined on the next page is adpated from a model developed by Parnes and Harding, (Scribner Publishing Co., 1962).

Parnes' Decision Making Model


Recognize Problem
Define Problem
Choose from among Alternative Solutions
Implement Solution
Review and Evaluate Result

First of all, it is important to recognize the problem situation: seeing the problem in terms of who, what, when, where, and how is the initial step. The second step is actually defining the problem. This procedure can be broken down into four sub-steps:

1. Collecting facts, asking questions about the description but leaving out "why" or "could" questions; asking questions like "in what ways might. . . ?"; following up these questions with "why?"

2. Selecting the best of these questions as the definition of the problem.

3. Choosing possible solutions. In order to do this, it is helpful to gather all relevant information and weigh the evidence gathered. Choosing possible solutions involves discriminating between alternative plans or goals and predicting probable consequences of each one.

4. Actually implementing a solution. This involves planning and organizing and then taking action.

5. Reviewing the plan and evaluating the result. This involves comparing the outcome of the action with the original prediction made.

Two processes are generally involved in decision-making: abstraction and application. By removing the problem-solving skill from its real life setting, we can be more objective in defining the problem, analyzing it and identifying its meaning to us. This process of abstraction yields understanding and awareness while application yields changed behavior.

Another decision-making model, called the "Force Field Diagnostic Technique," involves the principle of counterbalancing forces. Using this technique, you start by writing a problem statement at the top of a page and drawing a line down the middle of the page. The line down the middle represents the way things are now. Draw a dotted line down the right hand side of the page which represents how you would like things to be.

First, the problem must be clearly identified. Who is causing it and who is affected by it? What specific goals would be needed to resolve it? What kind of problem is it? For example:

Self: conflict of values and attitudes; my lack of skills; my inability to express feelings; a different perception.

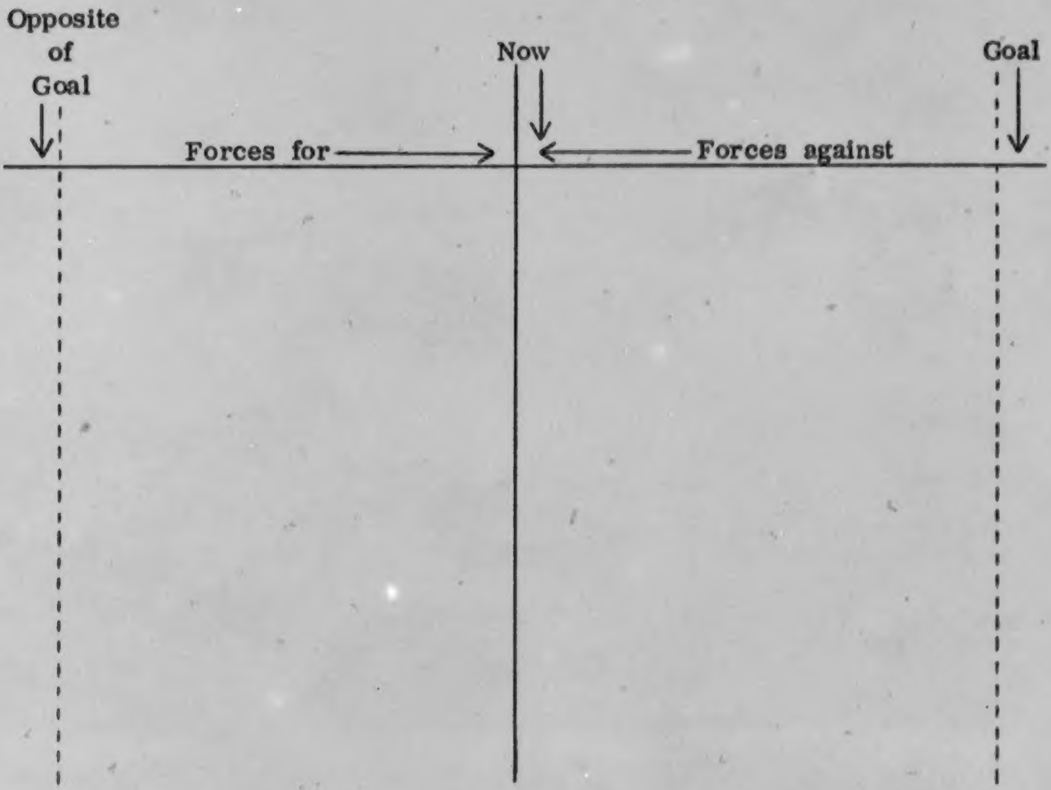
Other: lack of understanding or skills; unwillingness to use his resources; conflict about values and attitudes.

Organizations: lack of communication channels, scheduled time and resources; lack of clarity about membership roles and norms; power conflicts in decision-making; lack of support for innovation.

Force Field Example*

Now you try an example. Suppose you accept a goal of losing five pounds during the next two weeks. Write out a force field for this goal below. Write out a problem statement, the forces for and the forces against. Then go to the next page.

Problem Statement:



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*From RUPS: Research Utilizing Problem Solving, Northwest Regional Educational Laboratory, 1970.

Your force field on losing five pounds during the next two weeks should look something like the following illustration.

Problem Statement: You set a goal for me to lose five pounds during the next two weeks.

Opposite of Goal ↓	Forces for →	Now ↓ ← Forces against	Goal ↓
(I will weigh ? pounds two weeks from now)	I tend to be a light eater	I'm presently about three pounds underweight	(I will weigh ? pounds two weeks from now)
	I want to save some money	I don't want to accept this goal	
	We are visiting my mother-in-law this weekend and I don't like her cooking	My mother-in-law will be unhappy if I don't eat well while visiting her	

Of course, the forces you wrote down are apt to differ from the ones in this illustration. The important thing is that you understand the technique. Here are some guidelines to help make the force field diagnostic technique a powerful one.

1. Be as specific as possible in the way you write each force. Don't write things like, "poor communication." Write, "Sally

and Martha don't tell each other their reasons for disagreeing with each other." Forces are stated most helpfully when they are written so that someone else reading them would know who to go to and what to ask in order to get a fuller understanding of what is involved in each force.

2. Try to state discrete forces rather than global ones. A force often can be broken down into further subparts. For example, a force such as "I find it hard to lose weight," might break down to three more discrete forces as follows:

   "I get a headache when I skip a meal"

   "My wife often serves rich deserts"

   "Television ads get me thinking about eating in the evening"

   Sometimes, you can think of ways to break down a force into more discrete subparts by considering the forces for and against changing a force that your are considering!

3. Thinking about categories of forces can help you think of ones you might otherwise overlook. Consider categories of forces in each of the following:

   Yourself: "I get a headache when I skip a meal"

   Other Individuals: "My wife often serves rich desserts"

   Groups: "We often eat large meals when we have company."

   Organizations: "The district gives salary credit for this training"

   Society: "Television ads get me thinking about eating"

Practice Exercise

Apply both of the models presented to the following hypothetical problem: You have just completed your Masters degree in Manpower counseling and are offered the following two jobs:

Job A	Conditions
Employment Service Counselor	- Salary $8,600 - Small suburban office (you are the only counselor - Pleasant associates - Highly structured management - Heavy client load (average 15/day) - Close to where you want to live - Civil service rating - Probable job security - Service all ethnic groups

Job B	Conditions
Project Director, Urban Self-Help Program	- Salary $12,000 - One year funding - Supervise pilot study of factors affecting employment of the hard to employ and attempt to develop placement strategies for them - Responsible for one counselor, one research aide and one secretary - Work in inner city while you live one hour away in suburbs (you would be expected to move to target area) - Primarily serve blacks

Problem: Which job do I take (apply the models)

Do you need additional information to utilize the models? What? Why?

Which model would be most useful to you? Least? Why?

Resources for Further Study

Edwards. "Solving Problems Creatively," *Systems and Procedures Journal*, Jan./Feb. 1966, pp. 16-24.

Goldner. *The Strategy of Creative Thinking*, Prentice-Hall.

McPherson. *The People, the Problems and the Problem-Solving Method*.

Mason. "Let Others Solve Your Problems," *Nation's Business*, June 1963, Volume 51, No. 6.

Osborn. *Applied Imagination*, 1963, Scribner.

Parnes and Harding. *A Sourcebook for Creative Thinking*, 1962, Scribner.

Stryker. "How to Analyze that Problem," *Harvard Business Review*, March-June and July-August 1965.

Counseling Theories

Objective: To recognize the major propositions of modern counseling theories.

Pretest

Directions: In the blank before each statement, place the letter(s) for the counseling theory which is most nearly represented by the statement.

T-F = Trait Factor
CC = Client Centered
G = Gestalt
EX = Existential
EC = Eclectic
RE = Rational Emotive
B = Behavioral
TA= Transactional Analysis

_____1. Counseling success can be achieved through matching capabilities with available opportunities.

_____2. Each counselor must develop a point of view that is uniquely his own.

_____3. Reality, to the individual, is that which he perceives.

_____4. If a response pattern is not reinforced when repeated periodically, it will tend to be extinguished.

_____5. A theory is arrived at only through self-study of many client-counselor relationships and is not "something adopted."

_____6. All facets of behavior--abilities, interests, values and temperament--can be measured.

_____7. Counselors stress objective study of counselee behavior and the learning process as the source of hypothesis in counseling.

_____8. The counselor encourages the counselee to explore feelings and ideas that have been outside of his awareness.

_____9. Existence proper is essentially a pointing and striving beyond itself.

_____10. We can achieve a revolution of our souls and thus a spiritual life that can be lived even in impotence and under harsh conditions of existence.

_____11. Man's lifetime can be described as an actively evolving process with energy and matter representing the poles.

_____12. Peoples problems are largely a result of the individuals belief system.

_____13. Man's basic needs are stroke hunger, structure hunger, recognition hunger, leadership hunger and excitement hunger.

_____14. A completely successful therapeutic relationship would result in counselor and client physically dissipating.

_____15. Man's ego states may be characterized as those of "parent," "adult," and "child."

_____16. Irrational thought processes are the source of client difficulties.

Answers to Pretest

1. T-F
2. EC
3. CC
4. B
5. EC
6. T-F
7. B
8. CC
9. EX
10. EX
11. G
12. RE
13. TA
14. G
15. TA
16. RE

Existential Viewpoint

Basic to this viewpoint is the belief that man is constantly in the process of being and becoming whatever he alone chooses. He is free to choose but not free *not* to choose. Each individual must discover his own subjective meaning for life.

Major concepts. Existentialism is an attempt to understand the individual as he really is, to know him in his subjective reality, as a unique human being different from all others, who is constantly and dynamically changing and becoming. *Being* and becoming are contrasted with *non-being*, which is characterized by total conformity, absorption by collective society and ultimately by the loss of uniqueness and individual identity.

From the existential point of view, anxiety occurs when an individual feels the threat of "non-being." He experiences freedom only when he accepts responsibility for his own actions and determines "who he is." While man is not free from environmental conditions, he has the freedom to act upon or take a stand toward them. Contrary to the behaviorists' view, man himself determines what his existence is to be, not his environment.

Counselor role and techniques. The role of the counselor is to attempt to understand the client's unique and subjective world and enable him to face life's struggles more easily. The counselor encourages his client to describe his present reality, without focusing on past experiences. Effective interaction results from openness and honesty on the part of both client and counselor. Existential counseling considers honesty, demonstrating human qualities, and understanding to be of primary importance; technique, therefore, is of secondary value. The aim of counseling is to enable the client to accept responsibility for himself. Many existential counselors reject the concept of man's dual nature (conscious and unconscious) as a means of rationalizing behavior and evading responsibility, thus avoiding the realities of one's existence.

In summary, the counseling process includes:

a. Illumination of the client's unique, subjective world

b. Assisting the counselee in understanding his/her uniqueness and accepting responsibility for his/her life

c. Keeping the conference in the present tense

d. Focusing on honesty and transparency in counselor and counselee

e. Avoidance of stereotyped techniques

f. Considering the counseling session as an encounter between equals (not a dominant/submissive relationship)

g. Communicating that knowledge and insight follow commitment not vice versa

Comprehension Check #1

_____ T-F 1. Man is not free not to choose.

_____ T-F 2. Man determines what his existence will be.

_____ T-F 3. Counseling techniques are of secondary importance to the counseling "encounter."

Contemporary proponents of existentialism include among others, Rollo May, Viktor Frankl, Carlton Beck, Adrian van Kaam and Clark Moustakas.

Client-Centered Approach

This approach to counseling is often labeled non-directive or Rogerian, after Carl Rogers, who originated it. It is based on the assumption that the client has the ability to determine the issues important to him and to solve his own problems with minimal intervention from the counselor. The most important aspect of the counseling relationship is creating a non-threatening, warm, permissive and accepting atmosphere for the client to feel comfortable enough to face his unacceptable characteristics.

Nature of man. Rogers believes that man is basically good, rational and trustworthy. Negative characteristics such as vindictiveness are sometimes expressed, but underneath them is a self that is positive, constructive and concerned about others. Man strives for self-actualization and personal growth which will allow him to be independent and autonomous.

Personality constructs. Fundamental to this approach is Rogers' theory of personality. Basically, an individual's self-concept regulates his behavior, which is a function of his perceptions, (i.e. of his subjective reality). The need for self-esteem can result in selectively perceiving experiences so that they are congruent with one's feelings of self-worth. If incongruity develops between self-regard and experience, or when an individual's conditions of worth are violated, adjustment problems arise. This incongruity is perceived as threatening and often results in inconsistent behavior and anxiety.

For Rogers, the healthy person is one who can integrate all of his experiences and perceptions and become himself. He is open to experience and he trusts his own judgments without being dependent on others' approval or disapproval. Furthermore, his awareness and his experience are congruent, i.e., his behavior is a reflection of his true feelings.

Role of the counselor. The role of the counselor is to help the client face incongruence and enable him to overcome having to be defensive. The critical factor in the counseling relationship is the process of self-exploration. The client is the primary focus and feelings, rather than intellect, are explored, placing greater emphasis on the present than on the past. The counselor's attitudes and basic philosophy are the facilitating factors in the counseling process--not his techniques. Primarily, the client-centered counselor is one who has great respect for the client's right of self-direction and his general worth. He does not impose his values on the client or assume responsibility for his change or growth. He attempts to perceive the client's subjective reality, setting aside all perceptions from the external frame of reference.

Counseling objectives. Diagnosis, history taking and use of test data are considered inimical to effective client-centered therapy. The primary objective is for the client to recognize and accept responsibility for his own growth. This is facilitated by the counselor's acceptance and confidence in the ability of the client to handle his problems. The final objective is for the client to act on the basis of his own subjective meaning, rather than according to others' expectations or opinions. This process is defined by Rogers as "becoming."

In summary:

a. The individual not the problem is the focus

b. Feelings rather than intellect are attended to

c. The present rather than the past is emphasized

d. Emotional growth is the focus of the relationship

e. Central to the process is the counselor assuming and communicating the internal frame of reference of the client

Proponents of a client-centered approach include Carl Rogers, C. H. Patterson, Dugald Arbuckle and Julius Seeman.

Comprehension Check #2

_____ T-F 1. Diagnosis is inimical to the counseling process.

_____ T-F 2. The counselor must accept responsibility for the client's growth.

_____ T-F 3. Man is basically good, honest, and trustworthy.

Behavioral Approach

Major premises. The basic assumption underlying this theory is that most human behavior is learned and can therefore be modified, by manipulation and or control of learning conditions. Specific changes in the individual's environment can assist in changing certain behaviors.

Counseling becomes the means of altering a client's environment for specific outcomes. Success can then be measured by actual changes in the client's behavior outside the counseling session.

Fundamental to behavioral counseling is the concept of reinforcement or a reward, which is used to strengthen or facilitate certain desirable behavior. Withholding reinforcement sometimes results in extinction of undesirable behavior. The nature of man is such that he responds to an environment over which he has little control. He is primarily mechanistic and has little active role in choosing his destiny.

Counselor role and techniques. The role of the counselor is to arrange conditions for the client to learn adaptive behavior so that he can cope with his problems. He will use positive reinforcement to further desirable behavior or negative reinforcement to eliminate undesirable behavior. Contrary to non-directive approaches, behavioral theorists reject the notion that adaptive behavior is present in every individual and needs only to be released by a warm, accepting, understanding counselor. Client problems are regarded as learning problems and are treated as such. Behavioral counseling goals generally fall into one of three categories (altering maladaptive behavior, learning the decision-making process, and preventing problems) and they must be observable.

The counseling relationship itself is considered to be of secondary importance to the desired behavior outcome of the client. Generally speaking, the counselor can use any technique, within ethical limits, which will result in the client's learning adaptive behavior. Commonly used techniques are role-playing, modeling, systematic desensitization, simulation and teaching. The process usually involves the following steps:

a. Problem identification
b. Establishment of counseling goals
c. Tailoring techniques to the client
d. Experimenting with procedures
e. Performing required tasks
f. Evaluating effectiveness
g. Terminating counseling

Comprehension Check #3

_____T-F 1. Most human behavior is inherent at birth.

_____T-F 2. Behaviorists reject the notion that adaptive capability is present in all people.

_____T-F 3. The counseling relationship is of less importance than establishing behavioral change goals.

Eclectic Approach

The word "eclectic" means to select. In relation to counseling, it means choosing appropriate theories or methods from a variety of sources. This implies that a single approach is limiting and cannot effectively serve each individual's needs. This requires extensive knowledge of many different schools of counseling and evaluation of the appropriateness of each approach in a given setting.

According to Frederick Thorne, one advocate of eclecticism, the counselor knows more than the counselee, and the relationship is dominant-submissive with varying degrees of action or passivity on the part of the counselor. Not all eclectics would share this view. Thorne believes that eclectic counseling involves both affective and cognitive concerns, with emphasis on maximizing the individual's intellectual resouces to develop problem-solving strategies. Counseling is considered as re-educating and treating the client, who needs to learn to fully utilize his cognitive resources in order to effectively manage his emotional-impulsive behaviors. An individual's personality changes as he copes with his environment and attempts to integrate his basic needs, which are sometimes in conflict with each other. A well-adjusted individual is one who can exercise rational, logical and voluntary control over his affective, emotional states. Thorne holds that man must learn this process of adaptation, and counseling is based on a rational plan which involves applying necessary measures to insure the client's adaptability. The counselor will alter plans or approaches, depending on the client's particular level of development. His techniques will range from active to passive, relying mostly on passivity and emphasis on the client's interests and emotional release. He will take a comprehensive case history and obtain objective information from many sources for the purpose of diagnosis and evaluation of cause-effect relationships. Once the specific needs of a client have been diagnosed an appropriate selection of counseling strategy can be made. This approach presupposes that every client is unique and the counseling strategy will emerge only after consultation with the counselor. The greater the autonomy and self-directedness the client has the more the counselor can give up responsibility for the interaction in the conference. Conversely, the less the client is able to assume responsibility for direction the more the counselor must assume that responsibility.

An alternate view of eclecticism is that held by Fuller, author of these materials. He believes that the major personality components of affect, cognition and action are dynamically interrelated and emphasis of the counselor will depend upon analysis of whether the client's problem is essentially one of faulty thinking, overpowering or flat affect, or of inappropriate behavior (or perhaps a combination of the above). The counselor then utilizes techniques appropriate to that diagnosis, ranging from simply focusing on the affective experiencing of the client to very active intervention with regard to the client's faulty thinking or inappropriate behavior.

Comprehension Check #4

_____T-F 1. Techniques should be selected according to the specific needs of the client.

_____T-F 2. No one counseling theory is complete enough to be adopted totally.

_____T-F 3. Any single approach to counseling is too limiting to be utilized with each client.

Trait-Factor Approach

This approach to counseling is sometimes called "directive counseling" or "counselor-centered" theory and was developed by a group of psychologists from the University of Minnesota.

Personality is explained as a system of interdependent factors or traits such as abilities, interests, attitudes and temperament. Growth occurs and maturity is attained when these traits are integrated. Because it is assumed that man can increase his potential through self-understanding and knowledge of his abilities, self-discovery will result in inner satisfaction and motivate him to become all that he is able to become.

Major concepts. According to the trait-factor theory, self-discovery or self-understanding cannot occur only through subjective appraisal. Fundamental to creating this understanding is objective measurement. The purpose of counseling, then, is to facilitate this process by selecting appropriate tests, records, and experiences relevant to an individual's life goals and vocational career, and to define the problem after an orderly assembly of these facts. Counseling can facilitate personality growth and integration by assessing an individual's assets and limitations, and by helping the client learn to apply solutions to immediate problems (dealt with in the counseling relationship) to future conflicts.

Some basic assumptions underlying trait-factor counseling are:

a. An individual's capabilities and potentials are relatively stabilized after adolescence, and can be identified through the use of objective tests.

b. An individual's potential should be diagnosed prior to placement in an educational or work setting.

c. By identifying the characteristics of successful people in different work settings and correlating personality and interests with observed patterns, career development potential can be enhanced.

d. Each individual has the ability and the desire to identify his own potentialities and to use this knowledge to achieve personal and vocational satisfaction.

Nature of man. According to trait-factor theory, man is born with the potential for both good and evil. The meaning of life is to seek good and reject or control evil. By utilizing his abilities, man can learn to solve his problems; however, he generally needs other persons to help him achieve his potentiality. Each person determines for himself what the "good" means, and counselors should develop their personal philosophy and serve as models for their clients rather than dictate their beliefs.

Counseling process. The trait-factor theorist proposes that the counselor actively influences the development of the client. The individual's freedom "to become" includes the possibility of both negative (self-destructive or antisocial) as well as positive development. The counselor's role is to influence the direction of development and help the client discover his own individuality. In the process, certain data is collected and measured objectively and used to supplement a client's self-perception. The counselor's objectives are to help clients accept themselves and to help them learn how to control their own development through rational problem-solving methods.

Essentially trait-factor counseling consists of: (1) establishing rapport, (2) assisting in self-understanding, (3) advising or planning a program of action, (4) carrying out the devised plan, and (5) if necessary, referring client to other personnel workers. A major difference between this theory and client-centered approaches is that the counselor advises his client, either directly or persuasively. Furthermore, this viewpoint emphasizes the scientific approach, using objective test data, and minimizes the client's affective concerns.

Summary. To the "trait-factor" counselor the counseling process consists of the following stages:

1. Analysis; data collection about client
2. Synthesis; organizing the data
3. Diagnosis; drawing conclusions
4. Prognosis; making predictions about alternative courses of action
5. Counseling; "adjusting" the client to his/her environment
6. Follow-up; providing assistance to make certain "adjustment" lasts

Comprehension Check #5

_____T-F 1. Personality is simply a configuration of interdependent traits.

_____T-F 2. A person's characteristics can be objectively measured.

_____T-F 3. A person's characteristics can be successfully matched with job opportunities through psychological assessment.

Rational-Emotive Counseling

Major concepts.

(1) Man is born with both the capacity to be uniquely rational and straight-thinking as well as a tendency to be irrational and crooked thinking.

(2) Man's tendency to irrational thinking is frequently exacerbated by his culture particularly during his early developmental years.

(3) Man tends to perceive, think, emote and behave simultaneously and interactionally; therefore a variety of perceptual-cognitive, emotive-evocative and behavioristic-reeducative methods must be utilized in counseling.

(4) An RET premise is that cognitive, active-directive, homework-assigning and discipline-oriented approaches will be more effective in a shorter period of time than other approaches.

(5) A deep and/or warm relationship is not a sufficient or even necessary antecedent to change.

(6) RET is designed to reduce or eliminate a broad spectrum of self-defeating behaviors not just the presenting problem.

(7) Almost all problems people have stem from their magical superstitious, empirically unvalidatable thinking.

(8) Ordinary psychological insight does not lead to major personality change.

Counselor role and techniques. While it is true that the RET counselor will employ a wide range of responses he/she will mainly use a fairly rapid-fire, active-persuasive-directive philosophic methodology (see Ellis on RET in Corsini's book, Current Psychotherapies). In most instances he quickly pins the client down to a few basic irrational ideas which motivate most of his/her self-defeating behavior. The counselor then challenges the client to validate these ideas; shows that they cannot be validated; logically analyzes these ideas and makes mincemeat of them; shows why they would not work; explains how they can be replaced; teaches the client how to think scientifically.

In general the counselor pursues the following strategy:

- focus is on irrational ideas not on feelings
- counselor contradicts client when necessary
- counselor stays ahead of client and attacks the "shoulds," "oughts" and "musts" which create conflict
- counselor uses the strongest philosophic arguments available (e.g., no behavior denigrates the person, i.e. the act and the actor are separate entities)
- counselor attitude is firm but accepting
- counselor explains that feelings come from thinking
- counselor deliberately uses strong language to (1) loosen up the client, (2) show that he is down to earth, and (3) provide an emotive jolt
- counselor practices empathy (vs. sympathy) in order to see what the client is saying irrationally to him/herself
- the counselor does most of the talking and is in charge of the session

Proponent of RET. Albert Ellis of the Institue for Advanced Study in Rational Psychotherapy is the major proponent of RET. However, there are numerous other well-known therapists and counselors using this approach.

Comprehension Check #6

How important is the client-counselor relationship to the RET therapist?

Resources for Further Study

Corsini, Raymond. Ed. Current Psychotherapies, Chapter 5. F.E. Peacock Publishers, 1973.

Ellis, Albert. Humanistic Psychotherapy: The Rational Emotive Approach. Julian Press, 1973.

Patterson, C.H. Counseling and Psychotherapy: Theory and Practice. Harper and Row, 1959.

Gestalt Theory

Definition. The gestalt approach sees disturbed or disturbing behavior as the signal of a painful polarization between two elements in a psychological process. Such discordance can be found within one individual or it may manifest itself between two or more people. Regardless of location, the treatment consists of bringing discordant elements into a mutual self-disclosing confrontation. The approach is historic, focuses attention on immediate behavior, and calls for the personal participation of the counselor.

Concepts.

(1) Man's lifetime can be described as an actively evolving process with energy and matter representing the poles. To see man as a process is

a beginning. To see him as a composite of processes in an endless universe of processes is to define him.

(2) All processes are moving toward their extinction; however, the end of one process is the beginning of another.

(3) There are no beginnings or endings to the universal whole; there are only beginnings and endings to our arbitrarily designated segments.

(4) Both cause and effect are simultaneously and respectively the effect and cause as well and must have reciprocal influences in order to sustain the process.

(5) Awareness of a point of reference within self as well as external to self is crucial to the developmental process that is man, i.e., a created reality ("objective") against which one draws inferences about the process described as self.

(6) Gestalt urges awareness of the present; the self in process.

Counseling strategy.

- The objective of gestalt counseling is not an awareness but rather an active experiencing, e.g., not just an awareness of a feeling but actually experiencing that feeling. The core of the counseling process is full experiencing.
- Explanations of behavior are set aside in favor of creating opportunities for experiencing ones processes.
- The relationship of counselor to client is the core of the counseling process.
- The counselor attempts to confront the discordant elements within the client or between him and his environment and bring them into comfortable proximity.
- The focus is specific rather than general; here-and-now rather than there and then; getting discordant elements of the client's experience into conscious awareness and confronting them.

Proponents of Gestalt. Frederick Perls (deceased) and Walter Kempler.

Comprehension Check #7

How important is the relationship of the client to the gestalt counselor?

Resources for Further Study

Books

Kempler, Walter. Current Psychotherapies. (ed. Raymond Corsini) Chapter 7. F.E. Peacock Publishers, Inc., 1973.

Perls, Frederick. Gestalt Therapy Verbatim. Real People Press, 1969.

Perls, Frederick. In and Out of the Garbage Pail. Real People Press, 1969.

Films

"Sessions in Gestalt Therapy with Fritz Perls," Mediasyn Corporation, Del Mar, California.

"Sessions in Gestalt Experiential Family Therapy with Walt Kempler," The Kempler Institute, Los Angeles, California.

Transactional Analysis

Definition. A process of structural analysis of the personality and human interactions the objective of which is to reveal to the client his characteristic modes of responding and lift his awareness sufficiently to choose alternative courses for his future.

Concepts.

(1) Basic human needs consist of stroke hunger, structure hunger, excitement hunger, recognition hunger, and leadership hunger. Stroke

hunger is a derivative of one's hunger for contact, i.e., to be soothed, rocked, touched and otherwise attended to. Structure hunger literally is concerned with the question of the dilemma of what do I do with my 24-hours each day. Structure hunger is related to leadership and recognition hunger which deals with helping others structure their time effectively and finally excitement hunger relates to the need to fill one's time with the most stimulating experiences possible. Most behavior can then be understood as a response to these hungers.

(2) Lack of autonomy in human behavior is related to each person's involvement with a lifelong "script," a life plan decided upon at an early stage. This script evolves from a precocious decision regarding whether I am (or am not) okay and you are (or are not) okay. This stance then determines the possibilities one sees for his/her life.

(3) "Games" are a series of duplex transactions in which one gets involved for the purpose of achieving payoffs which they save (e.g., feeling of depression or whatever).

(4) If a person decides to forego the playing of games it generally requires the revision of an entire life script since his/her script has promoted the games to gain strokes, recognition, leadership, excitement, and structure.

(5) Every person possesses three ego states: parent, adult, and child which can be observed and verified empirically by anyone who cares to do so.

(6) The beginning of useful insight occurs with an analysis of the ego states as they function in the individual's daily life.

Counseling strategy.

- No generally accepted statement of the T.A. counseling process exists because TA advocates are very different in their intervention strategies, borrowing from a variety of techniques such as psychodrama, Perls' Gestalt approach or the techniques of Bach.
- Most TA counselors use bibliotherapy (i.e., have clients read about T.A. theory ala Eric Berne and/or Tom Harris).
- Most T.A. is done in groups with conditions established so that each person can be a self-observer, analyzing his/her games and transactions.
- The counselor actively interprets behavior using the T.A. paradigm as a backdrop for the interpretations. Such questions as what ego state are you in now? Or which part of you said that (or made that gesture)? In other words a structural analysis of the "ego states" as they function in the group. Self-awareness becomes a critical ingredient of change.
- A frequent strategy for confronting ones various ego states is the so-called "empty chair" technique. In this technique the client confronts the ego state he has trouble dealing with and talks with it while it's imagined in the chair (i.e., a dialogue between one's ego states).
- Role playing is frequently used for expanding the empty chair technique, particularly in confronting someone from one's past who was not satisfactorily dealt with (e.g., a mother or father).
- Script analysis is a method of examining the "prologue" and various "acts" of an individual's script in order to assist the person in "re-writing."

Proponents. Eric Berne (deceased), Tom Harris, and Glen Holland.

Comprehension Check #8

_____T-F 1. The counseling process in TA is essentially designed to raise one's conscious awareness of how one functions.

Resources for Further Study

Berne, Eric. *Games People Play*. Grove Press, 1964.

Berne, Eric. *What Do You Say After You Say Hello*? Grove Press, 1972.

Harris, Thomas. *I'm O.K. - You're O.K.* Harper and Row, 1969.

Answers to Comprehension Checks

Comprehension Check #1

1. T 2. T 3. T

Comprehension Check #2

1. T 2. F 3. T

Comprehension Check #3

1. F 2. T 3. T

Comprehension Check #4

1. T 2. T 3. T

Comprehension Check #5

1. T 2. T 3. T

Comprehension Check #6

Not at all.

Comprehension Check #7

It is the absolute core of the process.

Comprehension Check #8

1. T

COUNSELING TECHNIQUES (Group)

GROUP FORMATION CRITERIA

Objective: Ability to recognize appropriate criteria for formation of counseling groups.

Pretest

True or False

_____1. The initial factor to consider in forming a group is the specific purpose to be achieved.

_____2. In general its wise to avoid too much homogeneity in a group when selecting members.

_____3. All other things being equal groups probably should be no smaller than five in number and no larger than ten.

_____4. Frequency of meetings for group counseling depend upon the urgency and purpose of the group but once per week is generally accepted as appropriate.

_____5. It is generally advisable to establish in advance the specific number of sessions which you plan to have.

_____6. Meeting times may be of varying duration but a general rule of thumb is to end fairly promptly at the agreed upon time.

_____7. Individual meetings should be held with each client prior to their beginning the group session whenever possible.

_____8. The expectations of the counselor should be spelled out clearly (probably in written form) to members prior to beginning of the group sessions.

_____9. Each members needs and expectations should be openly discussed at the beginning.

Answers to Pretest

1. T
2. T
3. T
4. T
5. T
6. T
7. T
8. T
9. T

GROUP FORMATION CRITERIA

Group counseling programs can be organized for different purposes ranging from discussion of issues to self-understanding and awareness. The initial factor to consider when forming a group is the specific purpose to be achieved, the issue to be resolved, or the problem to be solved. Is the primary task to do something (action groups), gain knowledge (study groups), explore an issue (discussion groups) or gain awareness (counseling groups)? The latter will be the main area of concern for discussion here.

Mahler (Group Counseling in the Schools) has outlined ten steps in forming a group. The first is selection of members: giving attention to balancing the factors of sex, age, prior acquaintance and personality differences. Generally speaking, these considerations are less important for counseling groups than for other groups. Self-understanding and awareness can occur at different developmental stages with different individuals, regardless of chronological age, knowledge or experience. Differences in background can affect the functioning of a group in terms of verbalization ability; however, with sufficient group trust and lack of pressure, the typically non-verbal member can overcome his fear of expressing himself and can gain awareness at his own pace. Too much similarity and homogeneity in a group can hinder the group process. Balancing the members in terms of verbalization ability will facilitate the group process. In selecting members, counselors must not simply consider each individual's needs; each member's impact upon other individuals as well as upon the total group must be explored.

The second step in group formation is determining the size of the group. This will depend largely on the purposes and depth of involvement expected. In counseling groups, where a great deal of personal involvement is expected, groups usually have five to ten members. A group of less than five people tends to be ineffective because the variety of personalities is too narrow and the pressure on each member to participate is often too great. With five or more people the range of behavior patterns provides more opportunity for interaction. Groups consisting of more than ten members tend to be less effective because individual attention cannot be given to each one as easily and some members can more readily avoid involvement. The amount of change or growth which a leader is able to bring about in a group seems to be largely correlated with his facilitative skills; it would appear that a beginning group counselor should work with fewer members and, as his experience increases, he can experiment with larger groups. While there is no absolute rule-of-thumb, no amount of experience will allow a counselor to interact effectively with exceptionally large groups. Someone will lose out in such a group.

The third consideration is frequency of meetings. In general, once a week is a good average for group counseling sessions. Frequency will depend largely on the urgency and purpose of the group effort. If a problem is urgent and needs to be alleviated as quickly as possible, meetings can be held every day until some improvement is shown. An example might be working with persons who have trouble staying on their jobs. Daily group counseling sessions can help them recognize and understand previous disillusionments and possibly prevent them from quitting before "failure strikes again." Generally speaking, however, it is advisable to allow some time to elapse between sessions, for members to be able to evaluate and absorb previous group processes.

The fourth step in group formation is determining the duration of the group. It is Mahler's opinion that about ten sessions should be the minimum. In the case of daily urgent or crisis sessions, the duration should be extended to the point of meeting once a week or twice a month to ease the transition and follow-up on the resolution of the problem. It is generally advisable to announce the duration of the group at the beginning to prevent abruptness and feelings of lack of closure. More or fewer sessions could be held if the group is either quick to achieve closure or needs further time to work through the agendas which have emerged in the group sessions.

The length of meeting time is the fifth concern. Depending on the frequency of meetings, sessions are generally held for one, two or three hours at a time. If a group counseling program is organized on a short-term basis, such as a one-week workshop, group sessions may last all day and evening. "Marathon" groups frequently last 24 hours or longer; the value and advantage of such groups remains questionable, however. It is the opinion of some counselors that effective growth and behavioral changes occur more readily over a longer period of time, allowing group members to ease into the counseling process, work at their own pace and have time to reflect and internalize the outcomes. Length of meeting time varies, then, and should be considered with regard to the basic purpose of the group, organizational limitations and individual group needs. It is recommended that whatever the decision, groups should end at the designated time; however, it is important for the counselor to remain sensitive and flexible.

The setting for the group is the sixth consideration. The room should be small, allowing sufficient privacy without distractions from outside activities. Counseling groups generally function more effectively when members sit in a circle, each one facing the others so that each person can see and maintain contact with the others. This may cause some uneasiness at first, but with the development of trust and security, members will generally feel less and less threatened by close contact with other group members. Eventually, a sense of closeness can result in physically rearranging the setting so as to allow members to sit closely together if desired. Some counselors create a sense of comfort and belongingness by having members informally gather together on a carpeted floor, removing as many physical hindrances as possible (behind which some members attach a sense of security).

A seventh and very important consideration is preparing members for group participation. Whenever possible the counselor should arrange individual meetings with each potential member. This enables the counselor to assess individual needs and levels of awareness and is helpful in balancing the composition of the group. It is also helpful in easing the members into the counseling process by describing its purpose and usefulness and by alleviating initial fear or uneasiness on the part of individual participants. The amount of preparation depends largely on whether group participation is voluntary or involuntary. The degree of involvement will reflect each member's desire to participate in the group process; resistance is more likely to occur when a member has been chosen or required to participate. This factor is Mahler's eighth step to consider in group formation. When a person is allowed to voluntarily choose participation, he is helped in the direction of assuming responsibility for his own life. In the case of required or strongly recommended participation, it is sometimes possible to overcome initial resistance by allowing the member to attend two or three sessions without feeling pressured to verbalize. Often the member will then choose to continue with the group. The leader's main task during the early stages of the group process is to provide encouragement and reassurance so that members come to realize the value of the counseling process in a non-threatenening environment. Many counselors also provide each new group member with a written description of goals, objectives, and group ground rules. This facilitates easy entry into group interaction.

The ninth step to consider is whether to form an open or closed group. This should be discussed and decided by the whole group at the start. In counseling groups it is often difficult for new members to enter and share the intensity of the on-going process without disturbing the present level of trust and openness. Depending on the stage of involvement and the feelings of security, members of each group should decide whether or not to allow new members to participate once the group has begun.

The final consideration involves ending the group. Usually the duration of the group has been decided and announced at the beginning of the group sessions. Sometimes, however, the counselor will wait to determine a termination date until certain pre-established goals are met. Whichever the case, members should be prepared in advance to end the group process at a given time. This will help create a feeling of closure and allow members to assume full responsibility for their lives without becoming dependent on the group for support and security. If they wish to continue meeting after the regular sessions have ended, they can then make arrangements to do so.

As previously noted, a critical factor in group formation is stating appropriate objectives. It is important for members to know what the group can do for them provided they become actively involved themselves. Each participant's needs and projected outcomes should be openly discussed at the beginning. Only when members share their reasons for participating can overall group objectives be defined and result in effective group process. The degree of involvement often depends largely on the counselor's participation and encouragement. Of course, the most effective way of encouraging members to participate is for the counselor to model appropriate behavior. When this occurs, anxiety is reduced and the group members are likely to follow the counselor's lead.

Comprehension Check

What are the benefits of careful orientation of group members before they participate?

Resources for Further Study

Gazda, G. Group Counseling: A Developmental Approach, Chapter 2, Allyn, 1971.

Glanz, E. C., and Hayes, R. W. Groups in Guidance, Chapter 3, Allyn, 1967.

Hansen, J., and Cramer, S. Group Guidance and Counseling in the Schools, Chapter 5, Appleton, 1971.

Mahler, C. A. Group Counseling in the Schools, Chapter 3, Houghton Mifflin, 1969.

Muro, J. L., and Freeman, S. L. Readings in Group Counseling, Chapter 6, International Textbook Company, 1968.

Ohlsen, M. M. Group Counseling, Chapter 5, Holt, Rinehart, and Winston, 1970.

Comprehension Check Answer

Comprehension Check

Anxiety reduction, clarification of possible benefits, information shared on how to make the group most useful so it isn't as necessary to repeat in great detail after the group begins.

STAGES OF DEVELOPMENT IN A GROUP

Objective: Ability to recognize characteristics of various stages of group development.

Pretest

Describe group member behaviors which are typical of the following stages in group counseling.

Involvement Stage

Transition Stage

Working Stage

Ending Stage

Answers to Pretest

Involvement Stage -- non-spontaneous, fearful, defensive, careful observation of leader, questioning of value of group, wondering why they are there, wearing of "masks," little discussion of personally relevant material, intellectualization.

Transition Stage -- venturing more into personally relevant feelings and concerns, dropping by some members of their defensive responses, beginning to look at meaning of their own behavior, discussion takes on more immediacy.

Working Stage -- members demonstrate willingness to help others in their personal growth, become more responsible for their own feelings and actions, stand on their own perceptions, action results from group interaction.

Ending Stage -- occasional "weaning" problems, sense of loss, recapping and reliving some of the group experience, beginning of withdrawal by some members, desire by some to maintain "permanent" group.

STAGES OF DEVELOPMENT IN A GROUP

According to Clarence Mahler (Group Counseling in the Schools, Houghton-Mifflin, 1969) there are four main stages of development in the growth of a group: the initial Involvement Stage, a Transition Stage, the Working Stage, and an Ending Stage. These will be briefly outlined here.

The main purpose of the Involvement Stage is to help each member clarify his own reasons for joining the group, to get acquainted, to create an accepting and trusting climate, and to help each member learn what is expected in the group process. Active participation of the leader is necessary in this phase of group development; not in the form of telling members what to do, but by clarifying responses and sharing his own values and beliefs. Acceptance of and respect for each individual's attitudes is crucial in creating a trusting atmosphere which will allow members to safely explore their own feelings. It is important to remember that effective group counseling focuses on members' feelings and perceptions rather than on abstract issues. The role of the leader is to facilitate effective communication on this level.

I. During this initial involvement stage, while participants are becoming acquainted, another process--the participants' emotional reactions to the experience--is occurring simultaneously. The leader must be aware of this and capable of handling both processes. Some (often unspoken) feelings that members might have during the first session can be expressed as follows: "do I belong here," "will I be overexposed," "maybe I will act too dumb," "will I have to talk," "can I trust the others," "does the leader know what he's doing," "can I trust him," "will he analyze me."

For people who have not shared openly with other people before, group counseling can be a fearful or threatening new experience. The development of a basic sense of trust among members will vary from group to group, and the leader should not try to proceed too fast until it has been established. Some members may resist and "test" the leader by attacking the whole idea of being in the group or by continually trying to change the subject to a more superficial level. If the counselor recognizes this testing behavior, and if he ignores it, this conduct will generally disappear as soon as the transitional stage has been worked through.

A skillful leader can help group members develop a trusting and accepting atmosphere by focusing on the immediate feelings each member has about being in the group. If verbalization is difficult, members can write their feelings down and the leader can anonymously read them to the group. Other techniques include structured "getting acquainted" activities such as dyads, triads, etc. Perhaps most important, however, is the counselor's own behavior--he should model that which is effective and appropriate for the group members.

In working with groups, Mahler has come to recognize the importance of certain principles, which, he believes, should be kept in mind and reinforced whenever necessary. Four of his principles are especially applicable to the initial involvement stage and are quoted here: (1) We have a right to our own feelings. In counseling it is important not only to help clients understand their own feelings and emotions but also to help them develop respect for the rights of other people to have their own feelings, attitudes, opinions, and views. (2) Each individual must decide for himself what he will work on. At times there is a tendency for some members of a group to pick out another member and urge him to talk about and work on his problems. This should be discouraged as much as possible by making it clear that each person is to decide for himself what he will work on. If one member tells another, "I don't like you," or if Frank says "Jim bugs me!" attention should be focused on the speaker, rather than on the person who is being attacked. (3) Each individual is to work on himself and not on others. By emphasizing that individuals are working on their own behavior, the leader helps the group avoid situations in which criticism or complaints about other people serve to divert a person's attention away from himself. (4) How we feel about a situation is the crucial point, rather than the situation itself.

Group counseling sessions are not the place for discussions, no matter how informative or interesting, that have no direct bearing on the behavior, feelings and attitudes of the members themselves. Time and time again the counselor will need to lead the group's attention away from general considerations and back to how the members feel about the topic being discussed. The situation itself is not crucial; how we feel about it is.

Comprehension Check #1

List Mahler's four principles discussed in this section.

II. The second group stage is the Transition Stage, which generally helps group members face the hindrances, resistances, defenses or hesitancies that have arisen in the group. This phase is characterized by moving from an essentially social atmosphere to a therapeutic-education atmosphere. The completion of the transition stage is indicated by a (verbal or non-verbal) commitment to utilize the group for one's own learning. The leader should be aware of the possibility of a member merely observing other people but avoiding real involvement on his own. Persons who may slow down the group process at this stage are generally either the one who seems to function in a different way than the rest (the "odd guy") or the one who is easily rejected or openly hostile. The effective group leader will be alert to individual member's behavior and be responsive to them. He will continue to model desired facilitative behaviors by being open, sharing his own feeling and looking for the meaning of his own activity and responses. By doing this, he will indirectly encourage others to do the same; his own willingness to reveal himself can be one of the most significant factors in the group process. It must be remembered, however, that the members of a group should in no way be encouraged to adopt the counselor's values. The whole focus of the group process is on helping members recognize and develop their own values, to learn to express them and to incorporate them into their lives, in this way building a strong identity. By modeling congruence between his values and actual life style, the counselor facilitates this process in the group members.

Three of Mahler's basic principles apply to the transition stage: (5) There are many advantages to being open. A climate of trust and understanding is essential for self-disclosure. There are some indications, however, that effective social functioning can be impeded by too much, as well as too little, self-disclosure. The habit of excessive self-disclosure seems to be allied with such self-defeating patterns as seeking rejection or placing oneself in a dependent, helpless position. (6) We can better understand our behavior. Increased awareness is accompanied by a feeling of control and confidence in our ability to handle the various situations in which we find ourselves. Deeper understanding can lead eventually to greater responsibility for our own behavior. Statements such as "I don't understand why I did that," or "this is just the way I am," are, in effect, poor excuses and should be seen as signs that the individual is avoiding looking at himself and the meaning of his behavior. (7) We are responsible for our own behavior. The main task of counseling--a task that group counseling is very well suited for--is to help each individual learn how to be more responsible for his own behavior and his own life.

Comprehension Check #2

Briefly summarize the three principles just listed.

III. One of the signs that a group has reached the next stage--the Working Stage--is that members have accepted responsibility for their own behaviors and begin to provide leadership within the group. This phase represents the essential life of a group; it is here that members bring their concerns to the group and readily use the group situation for greater self-understanding. The focus of the working stage is on helping members take more effective action on particular life problems. Group members often share their experiences in solving similar problems.

In this phase, the group is generally characterized by greater openness on the part of members as well as their assuming individual responsibility for responding to one another. There is usually a high level of morale, a sense of group identity and solidarity and a general feeling of belongingness present. The counselor's behavior will have changed from actively initiating to allowing members to do most of the interacting. It is important, however, that the counselor continue to be alert for any unexpected nuances in group interaction, intervening primarily only to protect the belonging of an individual or to provide support for desired growth in individuals. Should an impasse occur, he/she can intervene to help clarify or restate specific responses or feelings to further facilitate group process.

Mahler's principles underlying the process in the working stage are aimed at helping members change their ineffective behavior and attitudes. They are: (6) Action is necessary to change behavior. Gently but firmly the leader can encourage individuals in the group to take action. People who have been reared to try to please everyone will need considerable support to be able to work through the ambivalent feelings that arise when they are called upon to take action. Their conflict expresses itself this way: "If I do nothing, they will not be upset with me; but, by the same token, if I do nothing I am not being true to myself." (9) We can develop alternatives for meeting difficult situations. "Suppose what you are afraid of happens? Do you not have sufficient inner resources, and can you not just face the difficult situation? What kind of strategies can you develop within yourself to meet any of the problems or predicaments you encounter?" (10) A commitment to change is very helpful. Very often it helps to talk over the reasons for a member's lack of commitment to the idea of change and growth that is inherent in the group counseling process. The counselor can also watch for attempts, no matter how small or tentative, on the part of members to take action and make meaningful changes in their lives, and he can encourage and reinforce these attempts whenever possible.

Comprehension Check #3

Summarize principles eight, nine and ten.

IV. The Ending Stage of group counseling in many ways represents a "commencement" in that members explore the application and generalization of the group learning experience to their lives outside the relatively safe and protective atmosphere of the group. The leader's role, during each stage, is largely to encourage and reinforce the application of members' new insights to their actual behaviors--this means helping them assume full responsibility for their lives and commit themselves to some action. During the Ending Stage, the counselor should stress the importance of members further learning and growth rather than regarding the group experience as a finished process.

This phase of the group can often be somewhat threatening for members who are afraid of "trying out their wings," or who fear the loss of security the group provides. Many members express the need to "hold on" to the group; here, the counselor should explore members' feelings about termination and discuss ways to maintain growth. It is important for the group leader to offer support and encouragement for termination as well as for each member's strength and ability to cope "out there."

Mahler's two basic principles underlying this phase are: (11) We can put our new learnings into practice in our daily lives. This transition is much easier if the leader has emphasized all along the importance of taking action and making changes in our attitudes and behavior. The leader might ask the group during the ending stage: "What are your ideas about how you can keep working on the things you have been learning in this group during the next five years (or the next ten or twenty years)? How will you be able to put some of these new insights and efforts to change your behavior into practice after we are no longer meeting as a group?" (12) To become more deeply aware and more accepting of oneself is to become less defensive. One strong indication that people are learning to be open is that they appear to be less defensive, they have less fear of rejection, and are less sensitive to criticism. Sensitivity to criticism can be overcome when the person stops reacting defensively to other people's comments about him and learns to accept these comments as feedback and reactions of other people to him. He learns to screen the feedback from others and to decide whether it is a valid and accurate statement, a projection, or an inaccurate estimation of him.

Comprehension Check #4

Describe typical member behaviors during the Ending Stage of group counseling.

Content vs. Process

One of the most important--and often difficult--functions of the group leader is to observe the process involved in group counseling. When he is concerned with what the members are talking about, he is focusing on the content. When he tries to observe how the group is handling its communication he is focusing on group process. Talking about abstract issues which are future or past oriented, dealing with the "there and then" emphasizes the content. In focusing on the process, the group deals with the "here and now," examining present feelings, emotions, interactions, and behaviors. Sometimes the content of the discussion can provide clues as to what process issues are on some member's minds, either consciously or subconsciously. One of the leader's major tasks is to be aware of possible underlying agendas and direct the focus on the "here and now." An example of a possible clue might be a member talking about problems of authority at work; the content says one thing but may indicate that there is a leadership struggle going on in the group (the process).

Recognizing that emotional issues are the main focus of group counseling, the leader must be aware of possible emotional behaviors which interfere with or are destructive of effective group functioning. As the group develops, he should attempt to respond to and channel these feelings in the direction of group effort. Examples of possible behaviors within the group are dependency-counterdependency (leaning on or resisting authority figures), fighting and controlling, withdrawing (remaining silent and uninvolved) or pairing up (forming a sub-group for emotional support).

The role of the group leader is not one of authority or "leadership" in the traditional sense of the term. He is not only involved in sharing; he is also interested in increasing his own interpersonal effectiveness by involving himself with the group members. Ideally, the leadership qualities he models can become diffused among the members so that the group can act as its own leader and regard the counselor as a resource person and co-member.

Answers to Comprehension Checks

Comprehension Check #1

1. We have a right to our own being.
2. Each individual must decide for himself what he/she will work on.
3. Each individual will "work on" himself and not others.
4. How we feel about a situation is the crucial point rather than the situation itself.

Comprehension Check #2

A climate of trust facilitates appropriate self-disclosure. Such self-disclosure results in increased awareness and a sense of confidence in our ability to handle our life circumstances. This confidence allows individuals to learn to accept responsibility for their own lives.

Comprehension Check #3

No change is likely to occur in our behavior unless we commit ourselves to action and try different alternatives. By facing the fear of change and acting our behavior is modified.

Comprehension Check #4

Reluctance to terminate, "holding on" creating new agendas at the last moment, occasionally returning to former defensive behavior to deal with the "real world" out there after the group no longer exists.

STRUCTURING A GROUP

Objective: Recognition of methods and purposes of structuring counseling groups.

Pretest

Multiple Choice

_____ 1. The primary purpose of structuring in group counseling is to:

a. make the purposes and expectations of the sessions clear.
b. control the agendas which arise in the group.
c. eliminate group conflicts
d. assist new members to become integrated into group.

True or False

_____ 2. Structuring the group is for the purpose of guaranteeing that the leader will have control of group interaction.

_____ 3. Some structuring is generally necessary to "bridge the gap" between group sessions.

_____ 4. Much structuring can occur simply by the counselor modeling desired behaviors.

_____ 5. Structuring is an on-going group process.

_____ 6. Group experiments are a form of structuring which is frequently used successfully to stimulate self-exploration.

Answers to Pretest

1. a
2. F
3. T
4. T
5. T
6. T

STRUCTURING A GROUP

Generally speaking, primary structuring of a group is done before the first session, when the counselor discusses with each individual member what the group experience is, what his needs and purpose for participating are, what will be expected from him, and how it might be helpful to him. As for further structuring, there is considerable disagreement about how much is needed. Some counselors feel that it is very important to appear not to be structuring group sessions at all. For example, the National Training Laboratory's "T-group" approach places the leader in a passive, almost non-participating role, forcing members to "structure" the group themselves.

Some form of "structuring" (or planning) groups seems to be necessary in most cases, even if it merely implies "bridging the gap" between sessions. However, the group experience can be effective regardless of the amount of structuring; the factors which seem to be of primary importance are the degree of involvement and interpersonal responsibility on the part of each member. If structuring a group results in members giving the leader the responsibility for what will happen during the sessions, the process should be re-examined. The real question, then, is not how much structuring is necessary, but how the leader can personally involve members in the counseling process without assuming responsibility for them or for the outcomes. Members must be encouraged to accept responsibility for their own lives and discover ways to actualize their potential as well as help others do the same. Because groups vary in the extent to which they carry out their responsibilities, counselors should remain flexible in structuring each one as seems to be necessary. If expectations are clearly understood and a feeling of trust and confidence is established, group members will frequently proceed with little or no structuring necessary.

Another aspect of "structuring" involves the counselor's awareness of underlying or non-verbal communication within the group. How the leader functions within the group in terms of perceiving and responding to "hidden agendas" will largely affect the group structure, whether members are aware of it or not. Also, by continually and consciously focusing the group's communication on feelings rather than issues, the leader will be "structuring" the group in another sense. Much of this behavior can simply be that of modeling rather than verbalizing or controlling. The way in which the counselor participates affects the amount and nature of members' participation.

Whatever the form or degree of structuring, the counselor should be careful to establish and maintain a level of trust and confidence among group members. The facilitator should be aware of possible consequences of any negative interaction, recognizing defensive behaviors and being careful not to discourage members' participation. By emphasizing the importance of "I" statements, the leader can often prevent hurtful confrontations and resulting defensive behavior or hostility. (By expressing one's own feelings about a person to him rather than stating the way he/she is, we can avoid projection and frequently hurt feelings.) Conversely, the counselor should encourage any helpful responses and behaviors on the part of members. Recognizing that it takes a certain amount of courage to respond in a helping (and often unaccustomed) manner, the counselor's reinforcement and encouragement will enable some members to become more actively involved in the helping role themselves.

Structuring, then, is not an intellectual task which is done in the initial stage and then forgotten; it is an on-going process which primarily assists group members in clarifying misconceptions or expectations and maintains the accepting, non-threatening atmosphere necessary for effective personal growth. The counselor should make quite clear that group process is not solely oriented toward solving members' personal problems; it is also concerned with self-awareness and growth toward actualizing one's potential. This might be difficult for some members to accept if as a result of being task oriented, they have a persistent need to accomplish something, get answers, or learn something tangible and immediately useful.

When asked to focus on and express feelings and emotions, some members will invariably respond in their habitual achievement-oriented manner and ask questions like "what am I supposed to feel?" or "my reaction wasn't the same as everyone else's; is that bad?" Some may say that nothing is being accomplished or learned and that the group is a waste of time. A facilitative response to such questions might be "do you notice how we've been conditioned to expecting results? It is difficult to break away from this pattern and tune into our feelings rather than thoughts. Sometimes it's kind of frightening to find we've reacted in a way that no one else has. There are no right or wrong or good or bad reactions. I know this will be difficult to adjust to immediately, and we can't force ourselves to be different, but I'd like for you at least to notice how hard it is for us just to break away from our usual ways of reacting."

Members generally find it easier to share their feelings openly when the group leader does likewise. As mentioned earlier, the most effective process will occur if the leader models the desired behavior. In so doing, the person should be congruent and honest, which means recognizing their fallibility and not setting themself apart from the group as the all-knowing, perfectly integrated authority. If the counselor feels anxious, perplexed, angry or sad, it will be helpful to share these feelings openly with the group. One of the most difficult aspects of group leadership is the ability to participate openly and congruently (recognizing and fully experiencing one's feelings) while at the same time being aware of and structuring the process as a whole.

Recognizing that a certain degree of anxiety is a necessary antecedent to self-understanding and growth is important for group structuring. The counselor's task is neither to generate too much anxiety nor to maintain a level of reassurance which would result in intellectualization rather than self-exploration. This involves understanding each member's needs and helping to clarify and explore areas of concern without seeming to be the "authority" who has the "right" answers or simple solutions to problems. As members develop skill, acquire experience and begin to accept their own ability to explore their questions, they will tend less and less to depend on the leader.

A variety of group experiments can be used to facilitate self-exploration. Some are designed to develop a sense of trust among group members, some are intended to direct attention to individuals' formative years which have often heavily impacted their personality, and others focus on personal characteristics and interpersonal relations. Many group experiments are designed to explore the effects of early conditioning and are aimed at creating awareness of subconscious fears, drives or wishes. Some deal with fantasies, secrets, guilt feelings, and often unexpressed anxieties about death. Regardless of which technique or experiment is introduced, the group leader must remain alert to possible hostility or defensiveness and gear his approach to the group's general level of readiness. Group experiments should be done only with clear purpose in mind rather than just for their own sake. Otherwise many group members will be reluctant or even hostile towards participation.

Resources for Further Study

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RESPONSE TO CLIENT BEHAVIORS IN GROUPS

Objective: Recognition of effective ways of responding to non-facilitative client behaviors in groups.

Pretest

Multiple Choice

_____ 1. Resistance on the part of a client is generally a result of:

a. ambivalence about being helped
b. repressed anger
c. dislike of the leader
d. previous bad experience in groups

_____ 2. The most effective way of dealing with blocking behaviors in general is:

a. focusing on the "how" of behaviors rather than "why"
b. attacking the defenses of the client
c. ignoring blocking responses
d. permitting the person to "act out" his/her defensive posture

_____ 3. The one most common characteristic of group members who block the growth of the group is:

a. a deprived childhood
b. an authoritarian personality
c. low self-esteem
d. ego strength

True or False

_____ 4. Methods which group members use to escape self confrontation are frequently not at the conscious level.

_____ 5. Advice giving is often a defensive mechanism used to resist change.

Answers to Pretest

1. a
2. a
3. c
4. T
5. T

Counselor Responses to Various Client Behaviors Arising in Group Counseling

Engaging in group process tends to be a frightening experience for most people; they often feel anxious because it is frequently easier not to confront the truth about themselves, and because it is sometimes painful to be the object of others' concern. The group leader should be aware of and responsive to various client behaviors which arise as a result of this anxiety. Most often these escape methods are not conscious attempts to flee; rather, they are subconscious defense mechanisms used to protect a client from being confronted with self-awareness. Responding to modes of flight in the group is essential to effective group process.

Merle Ohlsen (Group Counseling--Holt, Rinehart and Winston, 1970) has identified specific behaviors, some of which arise from the client's desire to escape self-confrontation. These will be discussed here along with some suggested counselor responses.

I. Resistance is one of the most common client behaviors in the group process. The resistor generally fails to cooperate in the counseling (or "therapeutic") process and often interferes with other clients' growth. As described earlier with reference to individual counseling, many clients experience strong feelings of ambivalence when facing any form of counseling: they have a desire to change yet simultaneously fear the prospects of change and tend to maintain that very behavior or personality characteristic they wish to change. A client may exhibit resistance by avoiding discussion of problems, being preoccupied with side issues or symptoms, remaining silent or withdrawing from interaction, giving advice, monopolizing, refusing to try new behaviors or anticipating failure. He may indicate resistance by questioning the group's confidentiality, or by wondering whether or not the group is a safe place to discuss certain problems.

These behaviors generally result from the client's ambivalence about being helped. Even when this is recognized, however, a client may feel somewhat threatened by other group members (will they be able to accept him once they discover what he is really like?) and by the possibility of discovering more and perhaps deeper problems, of which he is currently unaware. Resistance, then, is the client's reaction to the fear of change, wishing to maintain the status quo.

The counselor responds to the resisting client best through trying to empathize with the person, capture the real feelings and assist in expressing those feelings of ambivalence about want to be helped and about being in the group. Later on, the counselor can explain what the meaning of resistance is and reinforce a client's effective behavior. One can take note of instances in which a client detects and helps another express feelings of resistance and encourage group members to reinforce each other when they detect and openly deal with resistance as it occurs. When resisting clients discover that most group members have similar feelings and sometimes even have similar problems, they will feel more secure in participating actively. As group members slowly begin to share feelings, the level of trust and security will increase and resistance will begin to decrease.

II. The advice-givers are clients who appear to fulfill some important, perhaps unconscious, personal need by overzealously explaining what a person should do, by constantly relating their own experiences, and by playing the role of "group experts." Possible reasons for engaging in this type of behavior are to divert attention away from self, to exhibit superiority, to conceal contempt or hostility for the one being helped or to dominate others. Advice-giving is often a defensive mechanism used to resist change. By telling others what to do, these clients can avoid and resist facing themselves. This behavior is often difficult to change and, when confronted, tends to make the advice-giver defensive and even more insecure in the group. By reflecting the person's feelings and focusing on their unmet needs, the counselor (and other group members) can facilitate the advice-giver's own awareness and growth, making it "safe" for the person to explore their own problems. The group leader should be careful to avoid attacking and should help such persons understand their needs. Even when advice-givers have learned to deal with problems that prompt them to give advice, however, they can easily be seduced into giving advice by a dependent client or friend. The counselor's role is to reflect the feelings of both clients and help them work through their needs together. By reflecting underlying feelings and helping clients explore their deeper needs, the counselor will avoid possible hostility and defensiveness on the part of advice-givers, who may perceive themselves as really helping the one being advised.

III. The dependent group members generally feel inadequate and helpless. Very often they lack the confidence to make decisions and act on them by themselves. Frequently they have experienced failure in the past and were never required to act independently, always having important persons (parents, teachers, etc.) to rely on. These clients usually ask for help in a group, often seducing others into protecting them, acting helpless, constantly getting into self-defeating situations and appealing for help. The most effective way of dealing with the dependent member is to focus on now behaviors rather than on why the person is dependent. They will need understanding and support from the group whenever they attempt independent action, no matter how small it may be. Other group members can be encouraged to discuss similar feelings whenever they have approached independent action, retreated from it, experienced failure and established enough courage to try again. By sharing experiences and feelings with each other, group members can both model desired independent behavior and help the dependent member recognize and overcome this problem. The counselor should be aware of the dependent member's manipulative behavior (resorting to total helplessness, appealing to others to take responsibility) and openly discuss with the group how this type of behavior affects relationships. Members will then become aware of feeling used or manipulated, and, by expressing these feelings, the dependent ones can learn to understand their effect on others. Role playing can be used to help the dependent member practice new behaviors and develop new relationships.

IV. The submissive or "other-controlled" group member is one who does whatever others want, constantly seeking approval and always seeming to have problems similar to everyone in the group. By wanting to be everyone's best friend, these persons are often used by others and resent it, but are afraid to express resentment for fear of losing the friendships they think they have developed. This person generally has very low self-esteem and desperately needs to be accepted by others. It is sometimes difficult to detect the "other controlled" members because they may appear, on the surface, to be empathic and understanding, seeming to help other members with their problems, talking about their own, and appearing to be responsible for their own problems and needs. The only problem they often do not deal with is the one that is difficult to recognize--being controlled by others.

The counselor can most readily help these clients by making them aware of their behavior, helping them recognize and express their feelings of self-doubt and encouraging them to express their feelings of resentment. The primary goal is to increase feelings of self-worth. By focusing on that goal, the client's submissive behavior will decrease as a result of feeling worthwhile and important without having to give up autonomy as a person.

V. The silent or withdrawn group member may have various reasons for remaining uninvolved in the group process, and the counselor should be careful in attempting to understand this behavior. The silent one may generally be deliverate and slow-moving in actions, one who is not sure of others' acceptance and who rehearses everything before speaking. This person may be equally non-aggressive in most other situations, not just in group. This behavior can vary from intent listening to apparent boredom. Underlying the behavior may be feelings of rejection (others ignoring one) and resentment (others seem to be more important). This client may find it difficult to interrupt others to express feelings, and will repeatedly lose the floor to more aggressive, outspoken members. The counselor should be aware of this happeaing and bring it to the group's attention. The leader must be careful not to put the silent member on the spot, however, but by careful timing and appropriate responses (reflecting the client's feelings), one can draw the person into verbal interaction.

The withdrawn member often tends to have lower self-esteem than the silent one. This person will question what help counseling can offer and what could possible be offered to help others. The counselor's carefully timed reflection should convey empathy and help with expressing of feelings and problems. Other group members' patience and understanding will enable the person to trust them sufficiently to open up further. Counselors should remember not to call upon silent or withdrawn members as they might want to do in a classroom situation; this generally increases their anxiety and results in further silence. The leader should act as intermediary when another group member seems to probe or question the withdrawn one, and attempt to reflect the feelings which are aroused when this happens. This will not only enable the person to express feelings and increase others' acceptance of those feelings, but it will also provide practice in verbalizing and interaction with others.

VI. The *anxious* group member is generally one who overtly worries, is apprehensive or fearful, and who is unable to express any concern without experiencing great anxiety. (This level of anxiety should be distinguished from the general anxiety or tension felt by most group members, which seems to essential to motivate change in behavior.) Overtly anxious members generally doubt their abilities and worry about possible failure to the extent that it affects their overall behavior. It is important for the counselor and other group members to convey empathy and patience rather than reassurance, which can be interpreted as lack of understanding or compassion. (If a member's attempt at empathizing is regarded as reassurance by the anxious one; both members' feelings should be openly discussed and reflected by the counselor.) The group leader (and members) should be careful not to discourage the expression of this client's anxiety: for example, they should allow the person to cry if they wish, to talk, and to slow down. One should be patient and not try to comfort the person with superficial reassurances. Rather group members should be helped to accept the idea that they are in the group to *be* helped *and* to offer help. The counselor should encourage the anxious member to openly discuss painful feelings and provide patient support and empathy when this is done. The goal is to increase the opportunity for the anxious one to interact in a fail-safe environment and to surface pain-producing experiences and/or feelings.

VII. The *griever* is generally the member who frequently and easily cries, over-reacts or often demonstrates excessive guilt. This person may experience loneliness, hopelessness and helplessness, and often feels guilt and self-condemnation (in reacting to a loved one's death, for example). It is very important for the counselor (and the group) to allow the griever to express the sense of loss and grief they experience rather than deny the loss or subsequent feelings. Without necessarily being aware of it, many people keep the griever from facing reality and dealing with his pain. Rather than letting persons discuss their real feelings and cry, they block this grieving with shallow reassurances. It is important for counselors to recognize the importance of the grieving process and to encourage group members to allow and support it. The griever will be helped by the caring expressed by group members; although they cannot feel the intensity of the pain themselves, they want to help the person express grief and discover the strength to cope with it. Furthermore, the group provides real support by showing confidence in the griever's ability to deal with it by helping the person express grief rather than deny or conceal it. (Expressing it openly will be difficult for most people to do; most of us have been conditioned to remain stoic in the face of death or intense pain.)

VIII. The scapegoat in a group is the member who always seems to be on the "hotseat." This person is frequently the victim of jokes or teasing and generally the target for other members' aggression. There are several different reasons for this type of behavior: some people set themselves up for this and derive pleasure from being insulted, offended or attacked. Other people do it for attention; doubting their ability to be accepted, they would rather be a scapegoat than have no relationships at all--any attention, no matter how bad, is better than none at all. Still others are genuinely naive and lack the social skills to cope with embarrassing or painful relationships. When the counselor detects someone being used as a scapegoat, it is important to reflect the feelings the scapegoat might be experiencing. In doing so, this member will be encouraged to express feelings of hurt and embarrassment, and group members can recognize these feelings and respond empathically. The counselor should then encourage the scapegoat to examine what is done to elicit others' aggression and to gain insight into the meaning of this behavior. This insight, along with encouragement and support from the group, will enable the person to try new ways of relating to others. It is important for the counselor to structure the group process in such a way that both the scapegoat and the hurter can examine their behavior without making other members fearful of hurting each other to the point of inhibiting spontaneity.

IX. The socializer in a group is one who tends to remain on a superficial, socializing level of interaction, finding it difficult to discuss on a deeper, more meaningful level. This person enjoys the quality of relationships in the group and may wish to substitute these temporary relationships for those outside the group. Socializing within the group tends to encourage members to become dependent on each other for meaningful relationships, when instead they should learn to relate meaningfully to significant others. The counselor should, therefore, openly discuss this possibility and examine the reasons for this behavior. It is important to encourage the group to become involved with the deeper issues they have set out to work with, keeping the group's original objectives in mind. The leader should be careful, however, not to delve into it too quickly--recognizing the group's level of trust and readiness for meaningful, personal interaction.

X. The acting-out member is generally one who over-reacts, is excessively aggressive, rebels against conventional norms and is frequently loud. This behavior is often an expression of resistance to the group process: the acting-out member uses it to escape from painful awareness. The counselor should respond to this behavior by reflecting the underlying feelings the member might be experiencing. This must be carefully timed and stated in such a way that the client will not feel threatened. The acting-out member should be made aware of this behavior and recognize what is happening. With gentle support from group members, the person can learn alternative ways of behaving which will result in acceptance without having to resort to acting-out, attention-getting devices. In the process other group members will discover how they often condone such behavior and learn new ways of responding to the acting-out member. The counselor can use role playing in the group to bring out feelings which members are sometimes unaware of, and to provide insight for the acting-out member regarding the effect of this behavior on others. It is important, however, for group members to be accepting and understanding before the acting-out client will change this behavior.

XI. The hostile one in a group is generally demanding, sullen, defiant, sometimes cruel, and appears to enjoy hurting others. This behavior is often the result of having been hurt or let down by someone whose love and acceptance were very important. This member finds it difficult to trust others in the group or accept help from them, often refusing to recognize the value of the group in growth. As difficult as it is for the hostile member to accept others' empathy, this is what is needed. It is important for the counselor (and the group as a whole) to avoid responding to hostile remarks with hostility, and to persistently convey warmth, understanding and a sincere willingness to help regardless of the client's hostile feelings. Very often this behavior has proven to get attention in the past and the client comes to expect hositility in return. When the response is that of acceptance, the hostility will often diminish and the person will learn new ways of behavior without having to maintain the hostile facade.

XII. The monopolists in a group are ones who always seek the limelight, resent competition for group time and direct the focus on their interests. This behavior is usually a defensive overreaction to fear of group involvement or attack. It enables them to control the group and divert attention from topics which may be painful to them or which they do not want to deal with. This need for control stems from feelings of inadequacy--feeling unlovable and fearing isolation. The monopolist often masks these feelings with attitudes of "superiority," however, appearing to "know it all." It is generally very difficult to change a monoplist's behavior; often a person is unaware of these dominating and controlling needs and does not recognize the monopolizing. Very often the person is shocked and hurt when confronted with this behavior, no matter how gently it is approached. The counselor's best response is to identify the monopolist's feelings and encourage the full expression of underlying emotions. By asking the group to provide feedback and to remind people when they are dominating, the counselor can help create an accepting and supporting atmosphere which may reinforce the monopolist in the direction of change.

XIII. The manipulators generally maneuver other group members to do or say what they want done or said. They often elicit support from someone indebted to them in the group, and then subtly control the direction and the depth of group discussions. This behavior arises from the same fear as that of the resistor and monoplist: that of losing control, of exposing self, or of dealing with painful awareness. The manipulators frequently appear to be on top of situations, giving the impression they can help others with their problems and not needing help themselves. As with most other group behaviors, the counselor's most effective response is gentle confrontation (carefully timed), acceptance and identification of manipulative devices. Since many persons do not recognize their manipulative games, it is important for the counselor to identify them to the group and ask the group members to help detect the tendency when it occurs. With group support and patience, the manipulator can gradually become aware of these (often subconscious) devices and reduce the need to control. When the fear of exposure and acceptance is reduced, the manipulator's behavior will no longer be necessary.

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COUNSELING CULTURALLY DIVERSE CLIENTS

COUNSELING THE CULTURALLY DIFFERENT CLIENT

Objective: 1) Knowledge of selected principles of cross cultural communication; and, 2) knowledge of distinguishing characteristics among certain culturally different sub-groups of Americans.

Pretest

1. Definitions of "culture" usually include reference to:

   a. language and dress

   b. art and music

   c. rules which generate and guide behavior of a group

   d. a and b

2. "Culturally different" is another way of describing:

   a. culturally deficient persons

   b. different standards of perceiving, predicting, judging, and acting

   c. any racial group

   d. none of the above

3. Major communication barriers between culturally different people are:

   a. values, attitudes, language, and stereotypes

   b. choice of music and clothing style

   c. previous experience of failure in communication

   d. lack of training

4. One way in which Asian-Americans differ from the other cultural minorities is that:

   a. their problems have gone unrecognized

   b. they are intellectually superior

c. they are more adaptable

d. they do not need as much assistance to "make it"

5. Most Asian-Americans are:

a. more inhibited, conforming, and dependent than Anglo-Americans

b. assimilated into white America

c. content with careers in non-verbal type occupations

d. none of the above

6. Native Americans place great emphasis in their culture upon:

a. middle-class values

b. respect for tradition and elders

c. sharing as opposed to saving

d. b and c

7. The rate of unemployment and poverty is highest among:

a. Blacks

b. Asian-Americans

c. Chicanos

d. Indians

8. Women frequently experience great guilt as a primary result of:

a. role conflict

b. being assertive

c. seeking employment in "masculine" occupations

d. religious convictions

9. Feminine traits are:

    a. passivity, submissiveness, orderliness, neatness
    b. assertiveness, independence, ambition, drive
    c. any of the above depending upon the individual woman
    d. undesirable in jobs requiring a masculine orientation

10. "Chicano" means:

    a. to be a Mexican-American
    b. a specific political, economic, social, and cultural movement
    c. machismo
    d. none of the above

11. The greatest influences affecting the behavior of the Chicano in America are:

    a. the concepts of family and "brotherhood"
    b. language and dress
    c. machismo
    d. none of the above

12. To counsel effectively with blacks one should:

    a. dress and talk like your clients do
    b. not expect much from blacks since they haven't had equal opportunity
    c. be real and "tell it like it is"
    d. hide your feelings so they won't be influenced by your attitudes

13. "Blackness"

a. refers to world view not just to skin color

b. is a state of mind as well as a color of skin

c. is neither of the above

d. is both of the above

Answers to Pretest

1. c
2. b
3. a
4. a
5. a
6. d
7. d
8. a
9. c
10. b
11. a
12. c
13. d

COUNSELING THE CULTURALLY DIFFERENT CLIENT

Introduction

Because manpower programs work with a large number of clients of different cultural and ethnic backgrounds, it is extremely important for counselors to be aware of major differences in the subgroups they will be dealing with. Current manpower legislation refers primarily to Blacks, Chicanos, Indians, Asian-Americans and women in terms of affirmative action hiring regulations; therefore, our discussion here will focus on these minority groups. Other social subgroups include the handicapped, veterans, senior citizens, migrant farmworkers, and numerous smaller ethnic groups within American society. Each subgroup can generally be described in terms of a common heritage, language, social patterns and/or problems, and each one is subject to similar discrimination by our Anglo-American society. In attempting to understand some basic differences in the culture, values and attitudes of each of these subgroups, counselors should remember that overgeneralization results in further stereotyping, which is what many of us need to break away from.

Until recently the trend seems to have been to acculturate and assimilate all subgroups into the giant "melting pot" of the United States. Many European ethnic groups have done that to a large extent; however, they generally did not have to face discrimination on the basis of visible characteristics such as skin color. In recent years, the trend has changed to understanding individual cultural differences and maintaining the heritage and/or language(s) indigenous to the major subgroups of our society. It is extremely important to recognize that the United States is not one homogeneous society, but rather a multi-cultural, multi-lingual society.

Culture Defined

The word culture brings many different connotations to mind--everyone has some general idea of what culture is. Before beginning the discussion of the individual subgroups, it is necessary to construct a useful definition of the word--culture. A broad, anthropoligical definition of culture is that it is the sum of man's knowledge. More specifically, it is the organized experience that is shared by members of a community. This includes their standards of perceiving, predicting, judging and acting--in other words, culture consists of the rules which generate and guide behavior. The culture of a particular people is everything one must learn in order to behave in a manner that is recognizable, predictable, and understandable by the people of his or her culture. One could say that culture is symbolic communication with each group having its own points of references, i.e., knowledge, attitudes, values and motives, that distinguish it from other groups.

In discussing the individual cultural minorities, language, social patterns, ethics, diet, and apparel are important distinctions to recognize. Each of these has a significant and profound meaning for its members, and that should not be looked upon by the dominant white culture as inferior, in poor taste, or abnormal. One of the first important concepts to understand is that these subgroups are culturally different, not culturally deficient, disadvantaged or deprived. Before the counselor can be of service to a member of a cultural minority, the existence of these differences must be recognized and dealt with. With this recognition, the problems can then be seen, and the counselor will be able to work on the new behaviors and attitudes that are necessary to have when counseling cultural minorities.

Comprehension Check #1

Define culture.

Communication Barriers

When communicating, people must cross certain barriers before the meaning of the message being sent can be understood by the recipient. Not only vocal symbols transmit a message, but direct and indirect non-verbal behaviors, perceptions and preconceived ideas also play an important role in how a message may be sent and received. Appearances or mannerisms also convey to others a mood or feeling which often the sender is unaware of, but to which others respond. All of these aspects are involved when people try to communicate with each other.

Everyone represents the cumulative experiences of his or her cultural heritage; those who have shared and learned these experiences are more likely to understand each other. But when people of different cultures get together, they often have preconceived ideas of how to fit others into their own image of that culture. These sharp differeneces in social status, cultural patterns and experiences make communication doubly difficult between those of different cultures. As a result, years of culturally instilled values, attitudes, language, stereotypic views surface, either consciously or unconsciously, in communicating cross-culturally. A look at each of these barriers and how they effect the communication process follows.

Language. Obviously, if people do not speak the same language, communication is difficult. However, even if a common language is understood, because of cultural influences, words carry different connotations for people with different backgrounds. Black Americans speak a language that is distinct from White Americans. Chicanos not only speak Spanish and English, but they also have developed various dialects within both languages. The same is true for Asian-Americans and Native Americans. Counselors must realize that what they are saying may not have the same meaning for the person who is culturally different from them. For example, in the Chicano culture, "sophistication" carries negative overtones, while in the dominant culture it usually relays positive messages of accomplishment or poise.

The counselor should learn these differences and be open to them. If the counseling is going to be effective, somewhere a commonality of meanings must be reached between the counselor and the client.

Another, more subtle form of language, is non-verbal behavior. Most people are unaware of their own non-verbal behaviors, but their impact on communication is great. They can reflect the inner attitudes and values held by a person. In the counseling relationship, the attitudes of the counselor can be unconsciously reflected through his or her non-verbal behavior.

One of the ways the counseling relationship is effected is by distance. This entails the distance between individuals, duration of time one stands before another, number of times they touch, duration of the touch, frequency of eye-contact and the duration of it. Data from such studies in the Mexican-American study in the Civil Rights Office, University of Pittsburgh, and the Institute for Personal Effectiveness in Children reveal that there is a direct relationship between skin color and the distance people stand from each other and also the frequency of physical contact between them. The lighter the individual, the more closely they stand together.

Despite the counselors stated values of treating all persons equally, the values built into the individual historically and environmentally may result in indirect verbal and non-verbal behavior relaying a different message. This incongruency can cause the counselee to have a sense of rejection by feeling that the counselor does not care about them; the counselor does not sit close to them, relates negatively to them and seldom touches them in a relaxed fashion--all which when done can convey warmth and caring between individuals.

Attitudes. As cited before, signs and symbols are basic to the communication process. When people of different races and groups have problems talking with one another, labels are often attached to the discussion. Words such as "stupid," "crazy," "racist" are thrown out in the heat of this discussion. This happens because of the attitudes behind the spoken word. These attitudes that members of different cultures assume about each other can result in a dehumanizing and degrading experience for all involved. It sets up a superior-inferior relationship, whether it is intended or not. For example, one person might have an inferior feeling around another and in a confrontation, will draw from this feeling and start namecalling. Thus, both parties are allowed to "turn off" what the other is saying and avoid the real issue. In other words, it provides a "way out." Instead of probing into the situation and perhaps discovering the prejudices or sterotypic views that might exist, both parties close up and do not examine why or how one acted and the other reacted in the manner he or she did.

In most communication between individuals, there is an unconscious "sizing-up" process in terms of strengths or weaknesses, determining if one feels threatened or relaxed which ultimately establishes a superior-inferior relationship. In cross-cultural communication, the same occurs. A status role is assumed by both parties, assessing the relationship in terms of one's own self-concept and in his or her immediate image of the other person. Historically, the white culture, particularly the white male, has assumed the superior position because he has held the balance of power in his culture--the social and economic success of others.

The counselor should work toward equalizing these status roles in the counseling relationship, helping the counselee to overcome feelings of inferiority or superiority. These attitudes of superiority/inferiority based on cultural differences will block the communication process, especially if there is a conflict of interest involved. Most likely, both parties, especially the client, will walk away from the session with reinforcement for their own preconceived, false stereotypic image of the other culture. This results in yet another barrier to break down in the next encounter.

Stereotyping. Equally devastating to communication between cultures are the stereotypic views that people may have of one another. The message may become confused and diffused if it is seen in light of stereotypic preconceived ideas and preconceptions of other cultures. For example, if a white American perceives Blacks as being stupid or irrational, communicating with them will be tinted in this context. When a Black says something that the white views as different, it is because he or she "does not know any better." Likewise, if members of minorities view whites as their enemy, then any message from whites will most likely be ignored or "not heard."

Not hearing a message is one way stereotyping effects communication. If a counselor is of one culture and the client is a member of another, the counselor must be aware that the counselee might have a stereotypic view of him/her. If this is the case, the client might view the counselor's suggestions as patronizing or not helpful to him or her, which can have a negative effect on the counseling.

The counselor must also be careful not to group all Blacks or Whites or Native Americans together. While all persons have been influenced by their culture, they have each felt the influence uniquely. This is why stereotyping is so dangerous; it costs a person his or her individuality--an important concept in counseling. Counselors must probe into themselves and examine closely how their culture or environment may influence their perception or behavior to members of different cultures. For whether it is direct or indirect, conscious or unconscious, stereotypic images will greatly hinder the effect of any counseling session. And most likely, this stereotypic image is a false perception filled with unconscious prejudices which negatively effects communication, whether between individuals or cross-culturally.

Summary. It is true that members of minority cultures bring to the communication situation unique views. But, as with most assumptions, to expect them to always express these unique views is a mistake. Examining these barriers to communication--language, stereotyping, and attitudes--within oneself, might bring an equilibrium to the communication process. This equilibrium is established by concentrating on what is said and what is meant rather than only on who is saying it.

In order to have effective transcultural communication, the variables of race, ethnic group, or culture must be minimized. Prejudgment of others because of these variables is often unconscious, as in the example of a teacher saying, "Maria claims that Bill called her a 'wetback,' but Bill says he did not." This subtle communication reveals the attitude and stereotypic view of the teacher toward Chicanos/women, and as revealed by this example, these feelings can be so embedded that in cross-cultural communication, one can jockey for position and rely on them without realizing it.

To overcome these barriers, the most important thing to do is concentrate on the issues, which often means peeling away the layers of false stereotypes, perconceived attitudes, and establishing a "common language" so that the real issues will not be obscured. Then, the need for high status and the unconscious use of prejudgments will fall away, and the dynamics of getting to know another unique human being will take over. Only when these barriers are broken down, by both the counselor and client, can effective communication occur and the counseling be of service to the client.

Comprehension Check #2

Identify typical problems encountered in cross-cultural communication.

Asian-Americans

The Asian-American situation is unique among the cultural minorities. The Blacks, Chicanos, and Native Americans have well-known established movements--important consciousness raising efforts aimed at increasing their self-esteem and self-respect as well as their place in White America. The Asian-American, however, is only beginning this fight for recognition as a cultural minority. One reason for this latency is the failure to recognize the existence of a problem by both the Asian-American and White American populations.

When the Asians first came to the United States they were filled with hopes of achieving economic freedom and thus strove to adapt, become "Americanized" and overcome their ethnic "handicap." Soon however, they found themselves victims of discriminatory and exclusionist legislation, culminating in the incarceration of 110,000 Asian-Americans during World War II, two-thirds of whom were U. S. citizens by birth. While white-Americans have become more aware of the problems and their implications for the other three major cultural minorities, most have difficulty understanding the Asian-American situation as anything other than an immigrant group that had some problems adapting to a new culture.

The effects of the white-American long-term attitude toward the Asian-American is still apparent. As late as 1972 only four percent of the firms surveyed on the West Coast employed Asian-Americans in executive positions. Two suprising factors appear to be the major reasons for this: (1) the admitted prejudice of personnel officers, which in many instances was reinforced by combat experiences in wars against Asians, and (2) the assumptions that customers shared these prejudiced attitudes.

These prejudicial feelings have kept the incomes of Asian-Americans below that expected on the basis of their educational attainment and those without education continue in the trades stereotyped with their ancestors (laundries, restaurants, small businesses and farms). Furthermore, a success myth (continued by social scientists) that Asian-Americans "take care of their own" has cost them vital recognition. As a neglected minority, they are not only shunned by other cultural minorities but are also not recognized by governmental agencies as a group needing financial and educational aid.

The reasons for this tragic situation lie deep within the cultural backgrounds of Asian-Americans. From birth, most are taught to have respect for authority, to subordinate individual desires to those of the family/group, to resign oneself to one's own fate (adapt) and to have humility. These have all been reinforced in the American experience. Years of externally and internally imposed silence of "not calling attention to themselves" has created the widespread stereotype of the uncomplaining, unfeeling, unexpressive Asian who is facile with numbers and clever with his/her hands but clumsy with words. Because of these stereotypic views, the Asian-American experiences a self-fulfilling circle of reinforcement. In school, teachers expect students of Asian descent to live up to all sorts of stereotype-inspired expectations and reinforce such actions. They are expected to perform brilliantly in math and science and to work diligently and in a docile manner. Many Asian-Americans believe this themselves, and students after having this myth repeated by parents, teachers, and counselors, have become convinced they can neither write nor speak. This is reflected in their systematic preference for academic disciplines which require a minimum of self-expression. Thus, forcing the Asian-American student to accept this view of themselves has left emotional and psychological wounds that undermine their self-confidence and self-esteem, both of which are needed for self-expression. Recent investigations have shown that the Asian-American student is more conforming, more inhibited, less independent, and experiences more loneliness and anxiety than other students. Other studies reveal a lower development of verbal skills among

Asian-American students.

It is very important for the counselor to be aware of these stereotypic influences when counseling Asian-Americans. The counselor should also assess his/her own stereotypic views of Asian-Americans and how they might effect the counseling relationship.

Cultural Influences on Counseling. Counselors should be aware and examine the possibility that when counseling Asian-Americans, some of their fundamental beliefs and premises in counseling may be contrary to the cultural heritage of some individuals they counsel. The Asian-American experiences many such conflicts in the counseling/group situation.

Nonconfrontation is one of these differences. The Asian-American has been taught that it is impolite to confront others--to "put them on the spot." It is presumptuous on the part of an individual to be assertive. The stereotypic label of the silent Asian results from misunderstanding the reasons behind this silence. The Asian-American culture values the individual and subordinates him/herself. The individual who will sacrifice him/herself to avoid conflict is often regarded with esteem, and likewise, one who is assertive is looked upon with disfavor.

Another important concept in the Asian-American culture is *humility.* The Asian-American children are taught to be self-effacing. Deeply rooted throughout the Asian culture is the philosophy that excess in anything is bad for the human mind. If you are knowledgeable, keep it to yourself--do not go about showing off your skills. The truly knowledgeable person knows when to be silent. This has continued to modern times. An example can be found in the school life of Asian children. When a teacher asks a question in the classroom, Asian-American students will most likely not raise their hands for fear of being called "show-offs." Something they have been taught from birth not to do.

The concept of shame plays an important role within the Asian-American culture. Often, it is the motivating force that prompts Asian-Americans to do or not to do something. The family and peer group play vital roles in the life of Asian-Americans. Not only historically in their native land, but also because of their oppression in the U.S., Asians came to rely heavily on the family and peer group for personal support and security. Again, the theme of subordination of individual desires to family/group reveals itself: individuals exist and are important only in relation to their family/group. To do something that would jeopardize this relationship would mean loss of this support and bring with it a sense of shame.

In the counseling situation this belief has great implications. Asian-Americans are less likely to open themselves up for fear that doing so might bring shame or dishonor on their family or group. Intertwined with this concept is the conflict with Asian-Americans to accept the fact that a problem may exist. To admit a shortcoming is to admit failure--failure on the part of an individual to have the determination and resolve to overcome it. The Asian-American culture supports the view that the primary cause of human failure is insufficient willpower. In many cases, the individual develops a fatalistic attitude and bears the burden in a stoic, emotionless way in order not to have to admit to a problem that might bring shame upon his/her family/group.

Since childhood, Asian-Americans have been taught to hide their emotions or true feelings. The underlying reason for this is that expressing emotions is a sign of immaturity. In other words, individuals should strive for adult behavior. In contrast, the white American culture believes expressing emotions is a healthy, adult way to act. Because of restraining emotions, Asian-Americans appear to be passive, without feeling or concerned about what is happening.

Acceptance of authority is another cultural influence in Asian-Americans: authority is the means to acquire order in one's life. For most of their childhood, Asian-Americans experience one-way communication--parent to child--and this is accepted without argument. To do otherwise would mean being presumptuous for they do not yet possess the knowledge of the one in authority. Children learn to speak only when they are absolutely certain and then with modesty. This is in direct conflict with the white-American culture. A sign of a responsible person is active participation and verbalizing one's views toward a task needing to be accomplished. Silence means the other person has nothing to contribute or does not care to. For Asian-Americans, it is more important to be silent unless one has something constructive and well-thought out to contribute. Rambling on to prove a point or not thinking about what one is saying takes up the group's time.

The role of the person in authority is to keep things in line and order. Deviating from this pattern is seen by Asian-Americans as deviating from the task at hand and a sign of immaturity and lack of discipline. For the white-American, authority, following the rules and regulations, is often confining, non-stimulating, and cramping to creativity. But for the Asian-American, authority is seen as a stimulator of freedom to keep things running smoothly and get on to other things.

The Counselor's Role. Cultural marginality is probably more pronounced among Asian-Americans than in any other major cultural minority. The responsibility of the counselor is to know that they are not just like the Blacks, Chicanos, or Native Americans. Many cultural influences of Asian-Americans are in direct conflict with their role as counselees. Their perspectives on non-confrontation, humility, shame, willpower, emotionalism, verbalization, and authority are all contrary to the general white-American perspective of these values. It is necessary for counselors to understand and recognize the existence of these potential conflicts and that they do not judge Asian-Americans from their own western-white orientation or their orientation to other cultural minorities.

If a counselor is to aid Asian-Americans, he/she must create an atmosphere whereby the client can overcome the cultural restrictions that may hamper growth. This may be accomplished if the counselor practices the following:

1. Encouraging Asian-Americans to be more verbal in expressing true feelings.
2. Diminishing his/her authoritative role by open and encouraging comments.

3. Assuring confidentiality of the counseling and what might transpire.

4. Demonstrating that he/she is sensitive to, understands, and has recognition of the cultural restrictions that might be within the client.

5. Improving the accuracy of his/her perceptions and the client's by clarifying and making perception checks.

6. Aiding Asian-Americans in recognizing that they are not necessarily denying their cultural identity, if their actions are not always consistent with their values.

In summary, the counselor must dispell his/her stereotype views of Asian-Americans if they exist. In general, they are a people with deep feelings for others, careful not to embarrass them nor show off their talents. They are gnerally concerned with their families and peer group, and willing to sacrifice individual desires and recognition for them. Their potential or opportunities should not be circumscribed by their heritage or our constricted views of the possibilities for their lives.

Comprehension Check #3

Identify two cultural characteristics common to most Asian-Americans.

*Native-Americans (Indian)

In order to be able to communicate with the Native-American and dispel some common stereotypes, we need to understand the culture and respond to the Indian's personal interpretation of the needs and problems encountered in his relationships with non-Indians. Contrary to common practice, it is an

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*Some persons prefer one or the other of the designations listed. For purposes of this discussion, "Native-American" and "Indian" will be used interchangeably.

erroneous assumption that Indians want or need to assimilate into the usual, middle-class way of life. By refusing to acknowledge and accept the Indian culture, with its different values and mores, many people have assumed (falsely) that middle-class values are relevant and functional for the Indian. Counselors need to be familiar with some basic aspects common to the 200 tribes comprising the "Native-American culture." Some of these factors are values related to competition, cooperation, concepts related to time, attitudes toward sharing and saving, respect for tradition and one's elders, and closeness to the earth.

Aside from basic cultural differences, some of the problems that Indians face today are language barriers as well as poverty and educational deficiencies. Until fairly recently, these problems were recognized, (as were the atrocities committed to the Indians in previous years), but little was done to remediate them. Most Indians feel caught between two worlds: their own value system, social structure and life-style, and the non-Indian world, which they must often conform to in order to survive. The problems faced because of this dichotomy have largely been neglected and often written off by many as "cultural deprivation." By forcing the Indian youth to conform to the traditional middle-class educational system, we have failed to deal with his conflicts (blaming his under-achievement on him rather than on the system). When the Indian child comes to school he faces pressures not only from adjusting to values imposed on him by the majority, but also from language barriers making basic communication difficult for him. The fear of making mistakes in front of others compounds his anxiety and further inhibits his attempts to improve his communication skills. In addition to cultural and educational conflicts, the rate of unemployment and subsequent poverty is higher with Indians than with other minority groups. This affects not only their life-style but also their own self-concept (and others' concept of them).

The burden of conforming and adjusting to the majority world-view is a heavy one for the Indian. He is gnerally expected to learn and respond to it regardless of what his own interests or capabilities are. This expectation often creates resentment and resistance on his part. Instead of recognizing this conflict (and further expecting submissive acceptance), and instead of providing more relevant curriculum materials for Indians, educators have until very recently continued to reinforce the "culturally deprived" stereotype. The fact that the parents of Indian youth very frequently lack formal education is an additional factor affecting the Indian's educational advantages as opposed to the "advantaged" population. Counselors should be aware of these problems and attempt to understand the two worlds the Indian lives in. Furthermore, they should help him achieve some level of success in his academic and vocational setting, rather than reinforcing constant failure.

Indian values. Generally speaking, Indian values are humanistically oriented. The concept of sharing, for example, takes priority over saving, and many Indians genuinely and routinely share their goods with fellow tribesment. Their values related to time differ from Anglo values in that punctuality is not stressed as much; operating according to clocks is alien to most Indians and requires considerable adjustment for them when interacting with the majority environment.

An important concept symbolizing Indian values is that of "oneness." Man is perceived to be intrinsically united with the universe around him; his bondage to the earth is represented by giving and receiving--just as life itself is a continuing circular process; the circle symbolizing Indian philosophy. A sense of unity comes from perceiving "mother earth" as the originator of all life. Thus, everything on this earth has its own inherent unique purpose, no less important than each man's. One of the Indian's strongest values is to live in harmony with the universe, being generous and helpful, and treating his fellow men with equal respect.

Contrary to our western society, very little value is placed on "success" in terms of wealth or accumulation of material objects. An Indian is respected for his wisdom and knowledge, which is not necessarily acquired through schooling. Because wisdom is gained by living, great respect is shown for one's elders, who are regarded as authorities.

What many non-Indians consider to be shyness in Indians is really their sensitivity and concern for others' feelings. Their gentle, quiet, unobtrusive, soft-spoken manner is primarily an intention not to deliberately cause another pain, and reflects the belief that all men are related and equal. Any disruption of the basic harmony inherent in the universe is believed to disrupt another segment and create overall discord. With this in mind, Indians firmly believe in maintaining harmonious relationships with all people and circumstances surrounding them. Neither the earth nor fellow man should be used or exploited; emphasis is on the balance present in the now.

It is important for counselors to remember that Indians respect advice given to them (especially from their elders), but that they are firmly committed and expected to make decisions on their own. A counselor can be helpful to an Indian by discussing with him what his parents or grandparents have advised him to do, and then suggest some possibilities without being coercive. Because Indians generally do not verbalize a great deal when working through problems, counselors should not expect them to express many feelings verbally. With this in mind, it will be helpful to remember not to use a non-directive counseling approach with Indian clients. When talking to the typically non-verbal Indian client, counselors should be very careful not to hint at coercion and to allow him to think through various alternatives and make a decision quietly and alone.

Another common characteristic of many Indians is their stoic acceptance of difficulties. From childhood on they are taught not to show emotions and to face threatening situations bravely, without showing any fear. This is often contrary to counselors' goals but should be recognized and respected when helping Indians solve problems. Basically, the Indian has the same goals as any human being: self-acceptance, acceptance from others and self-fulfillment. The means of achieving these differ from other cultures, but the motivation is the same.

Role of the Counselor. When counseling Indian clients, it will generally be helpful for the counselor to remember that Indians frequently are not as verbal as other clients when faced with a difficult situation. Furthermore, they tend not to express emotions as much, either verbally or facially, the counselor's role, then, is to verbalize more than usual, discussing the problem as he sees it, various alternative solutions and possible consequences of each. He may be most helpful to the Indian client if he avoids discussion or expression of feelings and stays away from coercion or verbal commitment to action. The counselor should be able to accept possible periods of silence with the client and allow him to process the difficulties himself, arriving at his own best solution. The counselor should be sincere and genuine yet not overly affectionate. His role with Indian clients is generally that of an information source or advice-giver rather than awareness facilitator. Most important he should be someone sincerely interested in helping the Indian and flexible enough to adapt his techniques to his client's specific needs and attitudes.

Comprehension Check #4

Why would client-centered counseling be less effective with Indian clients than with most?

Counseling Women

With the number of working women steadily increasing, it is important for counselors to recognize and understand some of the difficulties they encounter in the process. Recent legislation demanding equal employment opportunities will be changing many women's realistic goals, and vocational counseling will be needed to help women make decisions regarding new occupational choices. The stereotype of the woman as intellectually inferior, subservient, submissive and lacking in ambition is outdated. Women no longer accept only menial jobs requiring little initiative or administrative policy-making abilities; they are demanding not only equal pay for equal work but also opportunities to work in what are generally considered "unfeminine" jobs.

Role conflict. Counselors should be aware of the conflict many women experience when deciding what "role" they want to assume in society. Early conditioning usually results in their adhering to expectations placed on them by parents, teachers, counselors and peers. Questioning these expectations or norms often results in guilt feelings when women desire one role but feel they cannot give up the expected, traditional mother-wife role. Even when they have decided to enter the labor force, women are very often insecure about competing in the world of work, leaving the security of home life behind.

One issue which creates conflict for many women is the "masculine" and "feminine" role stereotype. Certain characteristics, such as assertiveness, independence, ambition, drive, and perserverance are considered "masculine" traits and professional women are regarded as such if they display them. The "feminine" traits are considered to be passivity, submissiveness, orderliness, neatness, and soft-spokenness. Consequently, certain occupations and professions are "masculine" or "feminine," and women are expected to fit the appropriate stereotype. Fortunately the women's liberation movement has helped dispel some of these myths and has challenged the entire question of fixed "roles." However, despite overt changes in attitude, many women experience inner conflict as a result of societal conditioning.

Self-Concept. Closely related to role conflict is self-concept. Generally speaking, women with high self-esteem can more easily overcome societal pressures and are more comfortable asserting themselves and pursuing their career goals. Those with low self-esteem, however, often feel torn between others' expectations and their own (frequently undefined) needs and desires. It is here that the counselor can help women define and express their personal goals. The question of identity is fundamental to self-concept. For example, married women very often perceive themselves as extensions of their husbands. Many women can only identify with the expected stereotype, categorizing themselves as second-rate workers who will only enter the labor market temporarily, get married, raise a family and remain unheard and unseen from then on. Again, the women's movement has challenged this expectation, but the inner conflict is still often experienced. An identity crisis is often experienced by middle-aged women whose children have grown up and left home, leaving the mother alone and seemingly without purpose. An increasing number of older women enter (or re-enter, after a 10-20 year lapse) the labor force at this point, experiencing feelings of loss, anxiety and insecurity.

One effect of the women's movement is that it has caused many to question how they have spent their lives up to this point. As a result, they may feel that their life has been wasted and feelings of uselessness may occur, leading to low self-esteem. This possibility must be realized by the counselor, and women must be helped to understand that they have made valuable contributions to society.

Counselor's Role. An important notion to consider when counseling women is their attitude toward other women. Because of their orientation to a male dominated society, some women may feel uncomfortable if the employer to be or supervisor is female. One purpose of the woman's movement has been to make women cognizant of the value of relationships with other women and that these relationships offer vital helping situations when developed. The counselor can make a vital contribution to the woman entering the working world if this is reinforced in the counseling situation.

Counselors should be aware of women's needs for strong self-identity when making vocational decisions. With more and more occupations becoming available for women, the question of "masculinity" and "femininity" should be explored to determine how comfortable a woman would be in a "masculine" role, competing with men. Counselors should be careful not to be misled by a woman's hostility or resentment, often appearing to be self-confident and assertive. It is important for women (and men) to determine the real motivation underlying their goals--and the realistic probability of achieving them. Conversely, women with low aspirations should be helped to express their sense of identity, their fears and conflicts. Very often those with low aspirations have low self-esteem, often accompanied by feelings of guilt.

Married women often experience guilt feelings when considering entering (or re-entering) the labor force, especially if they have children. This is an important problem for counselors to be aware of and comfortable with. They should explore these feelings with the client along with possible consequences of a vocational decision on her marriage and family. How will her working affect the relationship? What are her priorities? When working is a financial necessity, as with women heads of families or low-income families, these feelings are frequently repressed and not of primary importance. The basic problems they face are adequate child-care facilities, and basic financial survival needs.

Along with helping women with personal problems, the counselor will also assist with vocational decision-making, training programs and possible discriminatory practices encountered. The counselor should be familiar with special services such as day care facilities which will greatly influence a working mother's decision. Additional special problems might be faced when counseling minority women. Thus, counselors must understand cultural and ethnic differences, including the roles and expectations women face in their specific culture.

It will be important for counselors to be familiar with current affirmative action legislation and civil rights, and, if necessary, know how to file discrimination suits against illegal company practices. Additionally, counselors can be helpful in negotiating with prospective employers who hesitate to hire women on the basis of common stereotypes of women employees. Some of these generalizations include women's emotional instability, frequent absenteeism (especially when children are sick), physical limitations (regarding heavy lifting, carrying, standing, etc.) and the women's tendency to get married and/or become pregnant and quit their job. The counselor can often assist his female client by discussing each of these possibilities with her, preparing her for general employer expectations, and negotiating with hesitant employers. With more and more women interested in apprenticeships, trades and occupations previously limited to men, counselors can be especially helpful in further encouraging this breakthrough.

While this discussion has been aimed at the male counselor, they are also important factors for the woman counselor to take into consideration. The woman counselor must guard against presuming too much because she is female. If the woman counselor did not experience many of these role conflicts as problems of self-concept, then she must work doubly hard to understand the impact these have for the woman seeking employment. Also, the woman counselor has a unique opportunity to create a feeling of sisterhood not only in the counseling relationship, but with relationships with other women.

Comprehension Check #5

What might be the consequence of "fixed role" concepts in counselors minds?

*The Mexican-American (Chicano)

The chicano population of over 7-1/2 million is the second largest minority in the United States. Over 60 percent of this population live in the five southwest states of Texas, New Mexico, Arizona, Colorado, and

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*While the word "Chicano" is primarily associated with a political-social-economic ideology with which not all Mexican-Americans identify we shall use the designations "Mexican-American" and "Chicano" interchangeably for purposes of this discussion.

California. However, increasing numbers are moving all over the United States and concentrated groups are found in Chicago, New Jersey and lower New England (Census, 1970). Despite strong efforts to assimilate Chicanos into the American society, there is a distinct, often misunderstood, Chicano culture surviving in the United States.

Over one million Chicanos are migrant workers. Only recently, the efforts of those like Cesar Chavez to organize these workers has brought attention to their extreme conditions of low wages, no permanent housing and poor education. This effort has now become a nationwide Chicano movement to raise their economic, social and educational conditions, and develop a sense of cultural pride in Mexican-Americans.

Three major forces plague the Chicano in America: poverty, educational deprivation and language. These three forces reacting and interacting with each other have created a situation whereby 30-40% of the Chicanos earn less than $3,500 a year. Their jobless rate is nearly twice that of any other group. The average Chicano over 25 has less than eight years of schooling. The language barrier compounds these two areas. Spanish is spoken in more American homes than any other language except English. Until recently, this fact had been ignored by many schools. Now, however, bilingual programs are beginning to be established. Historically, the U.S. has been a monolingual nation, and to be different has meant to be less than. Instead of being looked upon as a people who could speak in two languages and make viable contributions, a gross stereotypic image has been created of Mexican-Americans by the dominant culture. An image of a sleepy, lazy, dirty Mexican sleeping under a cactus, or a sinister-looking overweight bandit has given the impression that Chicanos lack ambition, honesty, habits of hygiene and self-respect. This image has been perpetuated by mass media. The counselor must not only work with Chicanos to improve their own self-image, but also with school personnel and employers to dispel the stereotypic images they may have. There are many such images worthy of examination and a closer look at the Chicano culture, hopefully, will yield greater insight for counselor understanding of this culture.

Four major concepts of the Chicano culture that have been misunderstood by the dominant culture are:

1. Family influence
2. Machismo
3. Education
4. Need for immediate gratification

The false, stereotypic perceptions in these four areas by whites has cost the Chicano dearly. They have been caught in the vacuum of choosing between the dominant cultural values or their own. This has caused them to experience low self-esteem and question their identity by being tagged a second-class citizen. It is the role of the counselor to understand these conflicts and how the above concepts have effected the Chicano in the dominant society, and to examine how these misconceptions may affect the counseling relationship. The Chicano brings not only his or her cultural views to the counselor, but the views that the majority have impressed upon them about themselves and others.

Family influence. Family ties are strong within the Chicano culture--and has been the core of their survival. A stereotype has been created viewing the Chicano family as having an authoritarian father ruling a large (and, thus, chaotic) home. This has been negatively viewed by some as irresponsibility in poverty. But the family is structured to provide organization, closeness and cooperation for family members. It provides a way for the family to handle the reality of living with those outside the family. This strong bond that is created has been seen by social scientists as "holding the Chicano down," and thus as the core of the Chicano's trouble. This is not the case, and the counselor must remember that it is the social reality--the economic deprivation--that holds the Chicano down.

"Carnalismo" or "blood brotherhood" is strong among Chicanos also. It, like the family, is the source of security for the Chicano. It not only binds them together and has been strengthened by adversity, but has provided a source of strength for them in times of struggle.

The counselor should respect the fact that when outside of this "social protection" the Chicano may not be him or herself. Where they are articulate and animated with their friends and family, talking with a non-Chicano counselor, may cause feelings of anxiety and awkwardness. These feelings must be eased before the Chicano can open up. One way the counselor can achieve this is to show sincere interest in and understanding of this conflict within the Chicano. These feelings are often less pronounced if the counselor is a non-white.

Chicano parents teach their children to respect persons in position of authority. This includes those people by whom an individual is or wishes to be influenced. This respect has been interpreted as a trait of Chicanos standing in awe of these positions for their own sake. However, contrary to this assumption, it is a respect for individuals who are fulfilling the tasks and responsibilities of this authority. If the counselor fulfills his or her roles, then he or she will gain the respect of the Chicano, and with this respect, new doors can be opened for further communication.

Machismo. One of the most misunderstood concepts of the Chicano culture is "machismo." It has long been equated with sexist views of male dominance and sexual virility. It has wrongly been considered the reason for male behavior and assertiveness. The machismo concept is very complex. The underlying nature of machismo is that it is a method through which boys and men learn to deal with the world in which they must perform and exist. The important concept for counselors to remember is that it is a response to the prevailing social forces of the moment and the amount of social threat at the time.

Male and female roles in child-rearing are generally well defined in the Chicano culture. But all roles carry their own obligations and privileges and task trading does occur. However, this task trading is viewed very differently within the family structure, than when it is performed outside of the family. If a Chicano male is asked to do something that is not in the male role outside of the family, it will usually be met with resistance. This is because it is inconsistent with the self-image that has been developed by the family, peers, and "heroes." In other words, the task is not the reason for the resistance, but what matters is where and in the presence of whom it is to be performed. The concept of machismo is very important to the Chicano culture in the context of accepting the responsibilities of manhood--not sexual virility.

This has great implications in the counseling situation. If the manhood of a Chicano is threatened, then the suggestions of the counselor will be met with resistance. Perhaps one of the most important things to establish in a counseling relationship is the fact that the counselor will not threaten this self-image, and also that to be in need of counseling is not a threat either.

An underlying question which relates to the discussion of machismo, is what are the male's views toward women. As stated before, roles are clearly defined in child-rearing. The mother plays an important role in defining these roles. Models are an important basis for development in the Chicano culture, with boys patterning themselves after their father and girls after their mother. Within the family structure, there is little dominance of male over female; however when it is taken outside of the family concept role definitions take over actions. The female portrays a submissive attitude, but this is not because she is looked down upon by the male Chicano.

The woman plays an important role in the Chicano culture, often having to work because of the economic situation. However, women are not encouraged to seek occupational careers nor is the importance of academic achievement stressed.

This creates a unique situation for a counselor when dealing with Chicanos--because often their personal desires may be in conflict with their cultural heritage. The counselor must make them realize that they are not rejecting cultural values, but rather improving their own situation.

Education. Chicanos have long been viewed as devaluing education. Assumption by whites that the family de-emphasized education, and that Chicanos have low educational and occupation aspirations as a result of economic deprivation are false. Inadequate educational programming has caused many Chicanos to fall behind, especially in the higher grades, and thus either physically or psychologically withdraw from school. This has caused conflicts within individuals and with parents. As a result of not living up to parental expectations, and his or her own hopes, a low self-image frequently occurs.

The Coleman Report (1966) revealed important views Chicanos held toward education which the counselor should note. These were:

1) Chicanos strongly desired to stay in school, be good students and attend regularly;
2) They planned to go to college less commonly than whites;
3) Held high occupational aspirations;
4) Seemed to be slightly more self-deprecating than whites or Blacks;
5) Indicated feelings of poor ability to control their environment.

These attitudes reveal to the counselor some of the sources of frustration felt by Chicanos. Because English is a second language for many, their desires to be good students are handicapped, thus further education inhibited. The feelings of self-deprecation and the role of fate in their lives should be recognized by the counselor. When the Chicano appears to not care, he or she may be saying, "I do not see any way out." This feeling of powerlessness and resignation is prevalent among many Chicanos. The counselor must make an attempt to help them see that this need not be so by providing evidence that they do have a future, and that by working together this future can be realized.

Need for Immediate Gratification. This stereotypic view carries with it many detrimental effects for the Chicano. It conveys the false concepts that Chicanos attach little importance to planning for the future or punctuality, and that they work only when necessary. Much of this image is the result of seeing Chicanos hanging around pool halls or street corners not doing anything that appears to be constructive. Instead of taking this view, the counselor must examine why this is happening. Much of the answer lies in the high unemployment rates of the Chicanos. There is no culturally constant concept of time held by Chicanos, rather it is related to their social condition. If a Chicano is late, it is because another event held a greater priority than the one scheduled, just as a white or any other person would do. If they had a worthwhile event to attend (job), they would fit their social activities around it and "disappear" into the working world.

In this situation, the counselor should help make the Chicano aware of the impact it can have when seeking employment. Then the counselor must make employers and other personnel aware that this stereotype is inaccurate.

Counselor's Role. The attitude with which the counselor confronts the Chicano is the paramount factor in determining a successful counselor-client relationship. This attitude must be based on the firm commitment of the counselor to help the client cope with the contrasting orientation of the dominant culture and the Chicano culture. The counselor must believe and convince his client that respect for his culture and values is consistent with being a good American.

Specifically, the counselor must create a personal atmosphere in the relationship. Some of the characteristics that the counselor must exhibit are:

1) Clarity of motivation
2) Spontaneity and freedom from planned or habitual strategy
3) Freedom from role
4) Availability
5) Focus on relationship
6) Enjoyment of physical and psychological closeness

In other words, the counselor must regard each client as an individual. Without also recognizing and coping with the issues of language and cultural differences, the stereotypic views of Chicanos by many and examination of where he or she stands in light of his or her own concepts, the counseling will not be successful.

In order to get a better understanding of this culture and language, the most important task the counselor can perform is getting out into this culture, seeing how others live and learning the language. To truly be effective, the counselor should become actively involved in social reform in both the school and community to make others aware of the conflicts Chicanos face and why that situation exists.

If the counselor does these things then the doors can be opened for understanding and communication between the Chicano and the white counselor.

Comprehension Check #6

_____T-F 1. The average Chicano over age 25 has less than eight years of formal schooling.

_____T-F 2. "Machismo" refers to sexual virility.

_____T-F 3. Family ties are extremely strong in the Chicano culture.

Black Americans*

The following comments are excerpted from an article by Carl T. Rowan written on January 7, 1972.

> The tendency in too many places still is to think of blacks as "the white-man's burden"--as perpetrators of violent crime and moochers on vast welfare schemes who "live in poverty because they prefer to." Aware of this stereotype, I read with more than ordinary interest the Census Bureau's recent profile of the average black family.
>
> Is it a husbandless woman with a huge brood of children living off welfare in a hotel like the Waldorf-Astoria?
>
> No, it is a 41-year-old husband, his 38-year-old wife and three children under 18.
>
> Are they free-loaders, sponging off the rest of society?
>
> No, the Census Bureau says this average black man "works the full year, most likely for a private company as a craftsman, operative, laborer, or service worker"--meaning that he may be a carpenter, taxi driver, construction worker or janitor.
>
> His wife and perhaps one of the children is working, at least part time. As a result, this average black family had income of $6,300 in 1970 as compared with $1,800 in 1950. Even when you translate that 1950 income into 1970 purchasing power, the average black family enjoys more than twice the income of 20 years earlier.
>
> That average black family must still make do, however, on about 60 per cent of the income enjoyed by the average white family--with white fathers in better jobs and more able to support their families without their wives going to work.

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*This designation (Black-Americans) refers to individuals of African descent who were born and reared in the United States. The word "black" carries with it a spiritual, psychological, social, political and economic connotation and this fact is acknowledged while recognizing that many Black Americans may not identify with "blackness" as a movement.

Is this improvement in the income of the average black family the result of "the government showing favoritism to blacks," as many whites want to think? No doubt, fair employment practices, laws and other governmental pressures have helped to upgrade the employment pay of blacks. But the Census Bureau profile suggests that most of the improvement is the result of blacks struggling to uplift themselves.

Clemont Vontross makes these observations:

The largest minority group is the 20 million blacks. They, like the other groups, are not only isolated from the majority group, but also culturally and psychologically different as compared to the dominant group. The majority of them, over 70 percent, live in the great cities, to which they have migrated during the last 50 years. During this time, they have constantly sought integration into the mainstream of the society, but with little avail. Having been schooled in the melting pot tradition, they sought that goal only to discover that black does not melt.

Not only are Negroes outside the melting pot, but what is worse, they are victims of a system of pernicious racism that exists throughout the country (Harrington, 1967). Its mechanisms are economic and social: a labor market that keeps them at the lowest levels of income and skill, a housing market that confines them to racial ghettos, and an educational process that produces more dropouts than high school graduates. It is understandable that many of them are hostile Americans.

In the process of regrouping, they have switched the meaning of the word black, and they have developed an ethos of their own. "Soul" is an interesting example of this phenomenon. Crudely defined, it stands for the essence of Negroness. Soul implies total acceptance of all things Negro--music, food, dress, behavior, and the like--and a tacit rejection of everything white.

The new black attitude communicates itself to whites as anger, hostility, and rejection. Majority group people who once thought that they could relate harmoniously with blacks are now getting the message that they are not wanted, that they are the enemy. Whites are now asking questions about their ability to relate to Negroes. All over the country, whites, especially responsible leaders in large organizations and government agencies, are instituting massive in-service training programs in an effort to learn to relate to the Negro again.

> Because of the current racial cataclysm in the American society, rapport is understandably strained between the white and the black. Black-black rapport may also be strained, if the counselee perceives the black counselor to be an "Uncle Tom," even if he is well-trained. It is important for the counselor, be he white or black, to realize that rapport can change from positive to negative and vice versa, even in the same interview.
>
> Middle-class counselors must not be too quick to relegate their counseling responsibilities to sub-professionals, just because they consider themselves ostracized momentarily by the black counselee. If the individual perceives the counselor to be a genuine person, his initial reserve usually gives way to acceptance in due time.
>
> ...it is important to realize that not all black people are alike. The problems inherent in relating to various segments of black people are different. Establishing positive rapport with adolescents is quite different from what obtains either with young adults or adults. Males present problems uniquely different from those presented by females. In general, Southern Negroes are easier to relate to than those born and reared in the North; and as has already been suggested, there are differences between urban and rural Negroes.

It would be presumptious of us to make blanket observations about black psychology and about appropriate counseling approaches in dealing with black clients. There simply is not any widely agreed upon position that one could take from which you would not receive a challenge from many respected experts. Therefore, what we shall try to do is make some general observations recognizing that in specific instances they may not be valid and should be viewed as possibilities not necessarily as truth.

William Grier and Price Cobbs in their book Black Rage provide the following analysis:

> The culture of slavery was never undone for either master or slave. The civilization that tolerated slavery dropped its slaveholding cloak but the inner feelings remained. The

"peculiar institution" continues to exert its evil influence over the nation. The practice of slavery stopped over a hundred years ago, but the minds of our citizens have never been freed.

To be a bondsman was to experience a psychological development very different from the master's. Slavery required the creation of a particular kind of person, one compatible with a life of involuntary servitude. The ideal slave had to be absolutely dependent and have a deep consciousness of personal inferiority. His color was made the badge of that degradation. And as a final precaution, he was instilled with a sense of the unlimited power of his master. Teachings so painstakingly applied do not disappear easily.

The white man tried to justify the lot of the slave in many ways. One explanation made the slave a simple child who needed the protective guardianship of a benevolent parent. For many whites this distortion has persisted to the present. A modern version holds that black people are little different from other citizens save for a paucity of education and money. The reason for these deficiencies is left vague. The observer is left with the comfortable feeling that blacks are stunted in growth, have profligate ways, and are uninterested in learning. This attitude obscures the multitude of wrongs and the ruthless oppression of blacks from slavery to now.

Because of an inattention to history, the present-day Negro is compared unfavorably with other racial and ethnic groups who have come to this country. Major differences in backgrounds are ignored. The black man was brought to this country forcibly and was completely cut off from his past. He was robbed of language and culture. He was forbidden to be an African and never allowed to be an American. After the first generation and with each new group of slaves, the black man had only his American experience to draw on. For most Negroes, the impact of the experience has been so great as to even now account for a lack of knowledge of their past.

This can be contrasted with the heritage of the American Indian. He truly has known the violence of white America, but his legacies are of a different sort. Now, decimated and forlorn, survivors can nevertheless tell tales of past glories. At least in reliving the time when his people ruled the land, the Indian can vicariously achieve a measure of dignity.

Various groups that have come to these shores have been able to maintain some continuity of social institutions. In the process of Americanization, they have retained an identification with their homeland. The Chinese, who in many instances functioned virtually as slaves, were allowed to preserve a family structure. Other oppressed groups, notably the Irish and Italians, were never infused with the shame of color. In addition, they had the protection and support of the Roman Catholic Church. Except for the Negro, all sizable groups in America have been able to keep some old customs and traditions.

The black experience in this country has been of a different kind. It began with slavery and with a rupture of continuity and an annihilation of the past. Even now each generation grows up alone. Many individual blacks feel a desperate aloneness not readily explained. The authors have heard stories telling of each generation's isolation from every other. Non-black groups pass on proud traditions, conscious of the benefit they are conferring. For black people, values and rituals are shared and indeed transmitted, but with little acknowledgement of their worth. The Jew achieves a sense of ethnic cohesiveness through religion and a pride in background, while the black man stands in solitude.

There are other comparisons and Negroes participate in them. The white American has created a blindness for himself which has a peculiar effect on blacks. In psychotherapeutic sessions Negroes are preoccupied with determining just how many of their difficulties are a consequence of the prejudice of whites. And while there is sometimes the tendency to attribute everything to white cruelty, there is often the opposite tendency--a determination not to see. They may insist that white oppression has never exerted any influence on their lives, even in the face of such realities as police brutality, job and housing discrimination, and a denial of educational opportunities. It is a powerful national trait, this willful blindness to the abuse of blacks in America. It is a blindness that includes the victim as well as the crime.

We submit that it is necessary for a black man in America to develop a profound distrust of his white fellow citizens and of the nation. He must be on guard to protect himself against physical hurt. He must cushion himself against cheating, slander, humiliation, and outright mistreatment by the official representatives of society. If he does not so protect himself, he will live a life of such pain and shock as to find life itself unbearable. For his own survival, then, he must develop a cultural paranoia in which every white man is a potential enemy unless proved otherwise and every social system is set against him unless he personally finds out differently.

Every black man in America has suffered such injury as to be realistically sad about the hurt done him. He must, however, live in spite of the hurt and so he learns to know his tormentor exceedingly well. He develops a sadness and intimacy with misery which has become a characteristic of black Americans. It is a cultural depression and a cultural masochism.

He can never quite respect laws which have no respect for him, and laws designed to protect white men are viewed as white men's laws. To break another man's law may be inconvenient if one is caught and punished, but it can never have the moral consequences involved in breaking cultural antisocialsim, but it is simply an accurate reading of one's environment--a gift black people have developed to a high degree, to keep alive.

These and related traits are simply adaptive devices developed in response to a peculiar environment. They are no more pathological than the compulsive manner in which a diver checks his equipment before a dive or a pilot his parachute. They represent normal devices for "making it" in America, and clinicians who are interested in the psychological functioning of black people must get acquainted with this body of character traits which we call the Black Norm. It is a normal complement of psychological devices, and to find the amount of sickness a black man has, one must first total all that appears to represent illness and then subtract the Black Norm. What remains is illness and a proper subject for therapeutic endeavor. To regard the Black Norm as pathological and attempt to remove such traits by treatment would be akin to analyzing away a hunter's cunning or a banker's prudence. This is a body of characteristics essential to life for black men in America and woe be unto that therapist who does not recognize it.

In general, we may say that there is a culture that arises from the survival experiences of being oppressed and that some of the following characteristics apply to many Black Americans.

- many contemporary cultural traits had their genesis in slavery, e.g., a communication style that is comprehensible to each other but not to the oppressor. This includes language, art, and music.

- most blacks see most whites as enemies and to ask them to see otherwise is to invite them to ask for annihilation.

- the "extended family" concept is still a reality in much of Black America and is an important part of most blacks' life, e.g., aunts, uncles, cousins, grandparents, friends of same either living together or feeling a part of the large family unit.

- survival for many blacks means that one must divorce oneself from any possession emotionally. The present job or object can be snatched away quickly and should not be depended upon.

- "law and order" slogans mean oppression and injustice to most blacks. Obeying laws which are differentially applied to whites and blacks makes little sense except when it is necessary for survival. This applies also to institutional regulations which are particularly oppressive.

- money, power, position, opportunity for good jobs, living conditions, education, dignity, self-respect are all motivators for black Americans just as they are for the cultural majority.

- the folkways that have emerged in the black ghettos of America simply attest to the resilience and creativity of a group of people who have adapted and survived in spite of constant efforts to obliterate them.

- there is a growing sense of awareness particularly among younger blacks of the absolute necessity of separating themselves from whites and "getting their thing together" in educating each other to racism and how to cope combining resources and energy to offset the self-destruction that comes from depending on their oppressors to liberate them.

Many volumes have been written which chronicle the history of the Black American. The attempt here is merely to place the black client in perspective as he/she seeks assistance from an essentially hostile system. The client is likely to have experienced the debilitating effects of systematic hatred of others and self, of poverty, hunger, disease, emotional stress, inadequate education, and deprivation of opportunity when he/she faces you as someone who is there to "help."

Counseling Implications

The counselor should not be surprised if he is viewed suspiciously whether he is black or white. On the one hand he may be perceived as having sold out in order to have gotten his position or on the other hand simply to represent the oppressive system. So do not expect instant rapport or an initially trusting relationship. You are not there to be his/her "buddy" but rather to establish your credibility as someone who can assist the person in reaching his/her goal as quickly as possible. There may never be a close relationship and your security as a counselor must not be dependent upon that occurring. Sometimes closeness will occur but remember that being close to you may be self-defeating in the larger context of black identity and credibility with his/her peers, particularly if you are white.

General Suggestions

- Tell it like it is. No whitewash, no jiving around.
- Encourage the best performance from your black clients of which they are capable just as you would other clients. Don't let your guilt or their jive (if there is some) blind you to their need for excellent skills if they are to survive. Many white liberals motivated by their guilt or a misguided sense of concern for their black clients have promoted and supported inadequate performance by their black clients thinking they were doing them a favor. Nothing could be further from the truth since in many cases blacks need skills which are superior to non-blacks with whom they are competing in order to receive opportunity to demonstrate their capability.
- Don't internalize your client's hostility if it occurs. You as a person are not at issue but rather what you symbolically represent to your client. Be yourself and don't over-react.

- Be willing to confront your client's attitudes non-judgmentally but directly. Don't be controlled by the client's behavior or manipulated into being what you aren't.
- Examine your prejudices whether you are black or white. Allow each new client to be who they are rather than representative of a stereotype.

Summary

In general we wish to emphasize the necessity of viewing each client as unique from all others. However, this should not blind us to the common experience that is part of being black in America. The most important thing to remember is that you are the only instrument of change you have to offer a client and therefore your attitudes, values, and beliefs must be examined in light of the needs of those who you wish to serve. Read, become as aware of customs, habits, attitudes, etc. which may affect your clients and above all be real.

Comprehension Check #7

_____T-F 1. The average Black family earns about 60% as much as the average white family.

_____T-F 2. For survival's sake Blacks must initially distrust all whites and white institutions.

_____T-F 3. Many contemporary cultural traits of Blacks had their genesis in slavery.

Answers to Comprehension Checks

Comprehension Check #1

Organized experience that is shared by members of a community.

Comprehension Check #2

Language, attitudes, stereotypes.

Comprehension Check #3

Non-confrontation, acceptance of authority, respect for elders, humility, willpower.

Comprehension Check #4

Amount of non-verbal communication necessary and tendency toward silence.

Comprehension Check #5

Reduction of options for women to consider.

Comprehension Check #6

1. T
2. F
3. T

Comprehension Check #7

1. T
2. T
3. T

General Observations

At the risk of oversimplification, which one must guard against when writing about any group or culture, there are some general traits to keep in mind when counseling members of cultural minorities or women.

Poverty. Allusions have been made to the environment in which the Indian, Chicano, Black, and Asian-American exist in their cultures. The "culture of poverty," aside from their native culture, is inherent for many members of these groups. In other words, the lives of individuals within these groups have through forces, often contradictory by their nature, been greatly influenced: 1) the dominant white culture, 2) the ethnic culture, and 3) the culture of poverty. Again, at the risk of overgeneralization, a closer examination of the effect of poverty on these groups is worth noting.

Poverty is characterized by low wages, chronic underemployment, and unemployment, which lead to low income, very little property ownership, little or no savings, and a continual shortage of cash. To exist with only the basic necessities often means borrowing at high interest rates, having second-hand clothing, and frequent small trips to markets. The inadequate housing conditions, overcrowding, and minimum organization above the nucleus of the family are faced everyday by members of this culture to survive.

The effect of this on the individual is that often they have missed the special protection yielded by childhood, experience early involvement in sex, have little or no privacy, and compete for material goods (Lewis, 1966). The hunger, lack of sleep, and overcrowding often results in an individual that has strong feelings of helplessness, dependence, inferiority, and thus acts fatalistically, passive and withdrawn. It must be noted, however, that these characteristics most often are a consequence of poverty, not antecedent to it.

The client who comes from these conditions is often critical toward some of the basic institutions of the white culture, and could see the counselor as a representative of these institutions. To break this barrier, the qualities of empathy and understanding are especially important. Additionally, the counselor should have a broad knowledge of today's social problems problems and an understanding of the social systems or systems that have influenced his or her client. A concentration on the positive aspects of their clients, their strengths and coping abilities will greatly aid the rate of acceptance of the counselor and the extent of the response to the counselor by the client.

Other differences. Besides the noted sociological differences between the minority cultures and the white culture there are other qualities which distinguish these cultures. These include diet, art, music, and fashion.

The diet of members of cultural minorities is obviously influenced by their economic status. However, the white culture often looks down upon the native diets of cultural minorities. Fruit juice, eggs, cereal, or sausage may not be the breakfast of many clients by choice. However, because it is different doesn't mean it is not nutritious, and often, it is more tasty. The same is true about the apparel worn by those in these groups. Flamboyant dress or personal adornment can be a mark of historical cultural heritage not poor taste.

The art and musical preferences of these cultural minorities can also be different from the taste of the white majority. However, to stereotype "soul" with black, flamenco with Chicano or oriental with Asian-American is an erroneous overgeneralization. As with all other aspects of these cultures, because they are different does not mean they are deficient. The art and musical appreciation carry with them the cultural heritage for many of these groups. As with special activities that became a tradition within many families--that are special only for them--that for an outsider does not have the impact or meaning because he or she did not share the initial experience, so the art and music for minority cultures can reflect special historical traditions and meaning.

Women. Some may question the inclusion of women in this section. Women face special problems, as noted, when entering or re-entering the working world. They have been victims of stereotyping, not only by men but by themselves. While white women have these barriers to face and overcome, to be black or Chicano or any other minority and female is a double handicap. She is influenced not only by the attitudes of her culture but must face the attitudes of the white male culture. Statistics indicate that unemployment is the highest for minority women who are seeking jobs. This factor coupled with the attitudes of many males is bound to have an effect on the attitude of the female minority client. Being withdrawn, aggressive, cynical, or having a low morale could have its base in the treatment the woman has received in the past. The counselor should be aware of this fact and let the client know that he or she is empathic to this situation. Emphasizing the positive possibilities open to the client is another way to help the client view the situation better.

It cannot be emphasized too much that we have only tried to extract the general differences and problems faced by minority cultures and women. Each client brings to the counseling situation a unique set of problems and influences because each has felt this impact differently. To view all blacks or women as the same only compounds the problems faced by these individuals because it creates yet another barrier to full communication.

Perhaps the first step a counselor can take is to evaluate his or her behavior and attitudes toward minority members and women, recognizing the different experiences these individuals have felt and how these experiences have shaped the behavior and attitudes of the client. The client sitting across from the counselor is an individual who is tired of being stereotyped and seen as a second-class citizen. If the counselor has truly examined the stereotypic misconceptions that he or she may have about these members and worked to overcome them, then he/she can begin to work on breaking down the stereotypic views held by the client. When this is accomplished, then the counseling situation can be simply one individual assisting another individual.

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DRUG AND ALCOHOL COUNSELING

COUNSELING DRUG AND ALCOHOL USERS

Objective: 1) Expanded awareness of factual information regarding drugs and drug abuse; and, 2) increased knowledge of possible treatment strategies for drug abusers.

Pretest

Matching

Drug

____ 1. Alcohol

____ 2. Marijuana

____ 3. Cocaine

____ 4. Heroin

____ 5. Barbiturates

____ 6. Amphetamines

____ 7. LSD

____ 8. Antihistamines

____ 9. Mescaline

____ 10. Methaqualone

____ 11. Tranquilizers

____ 12. Nicotine

____ 13. MDA (methylenedionyamphetamine)

____ 14. PCP (phencyclidine); DMT; STP

____ 15. Methadone

____ 16. Meperidine

____ 17. Morphine

Classification

A. Hallucinogen

B. Stimulant

C. Depressant

D. Narcotic

True or False

_____ 1. Marijuana is not physically addictive.

_____ 2. Psychological addiction is possible with any chemical which one "uses."

_____ 3. Amphetamines can produce long-term damage to mind and body if there is prolonged use.

_____ 4. Barbiturates are most frequently referred to as "downers."

_____ 5. Barbiturates and alcohol create a synergistic effect when mixed.

_____ 6. Barbiturate overdose risk is quite high.

_____ 7. Heroin has frequently been replaced in treatment programs by a chemical equivalent called methadone.

_____ 8. Tranquilizers have virtually no overdose potential.

_____ 9. Tranquilizers do not produce physical addiction.

_____ 10. LSD can be physically addictive.

_____ 11. Mescaline has no overdose potential.

_____ 12. Cocaine can cause direct depression of respiration and death with a small overdose.

Multiple Choice

1. Symptoms of drug abuse with hallucinogens are:

   a. talkativeness, lassitude, impairment of judgment

   b. irritability, aggressiveness

   c. paranoid, anxiety

   d. none of the above

2. Symptoms of stimulant abuse are:

    a. talkativeness, lassitude, impairment of judgment

    b. irritability, aggressiveness

    c. paranoid, anxiety

    d. b and c

3. Symptoms of developing alcoholism include:

    a. occasional blackouts, constant drinking, loner

    b. drinks to overcome hangovers

    c. hides and protects liquor supplies

    d. all of the above

4. Alcohol plays a key role in:

    a. half of all highway fatalities

    b. half of all homicides and one-third of all suicides

    c. half of all divorces

    d. a and b

5. In counseling drug abusers one should:

    a. see drug abuse as an illness just like measles or chickenpox

    b. examine carefully one's attitudes toward drugs and users.

    c. help clients "own" their behavior and take responsibility for it.

    d. b and c

Answers to Pretest

Matching

1. C
2. A
3. B
4. D
5. C
6. B
7. A
8. C
9. A
10. C
11. C
12. C
13. B
14. A
15. D
16. D
17. D

True or False

1. T
2. T
3. T
4. T
5. T
6. T
7. T
8. F
9. F
10. F
11. T
12. T

Multiple Choice

1. a
2. d
3. d
4. d
5. d

COUNSELING DRUG AND ALCOHOL USERS

As a point of departure before discussing counseling strategies, rehabilitation methods or referral sources it might be useful to supply basic information about alcohol and drugs. The following information is an excerpt from brochures prepared by the Alcohol and Drug Information Service of Oregon.

Alcohol

Classification: All alcoholic beverages contain ethyl alcohol (ethanol). Ethanol is a central nervous system depressant with a rapid onset of effects. Commercial products vary in alcoholic content, with 3-7% for beer, 9-20% for wine, and 25-75% for liquors.

Social Setting: The first form of alcohol was probably fermented honey (mead). Liquid spirits are mentioned in many ancient writings including history, poetry and classical literature. It is evident that alcohol has been used by many, if not most, of the world's cultures for social, religious and medical purposes throughout history.

Alcohol use is wide-spread today. In the U.S., approximately 70% of the adult population uses alcohol to some extent. Within this group, an estimated nine million are alcoholics.

Alcohol ranks behind only heart disease as the leading cause of death in the U.S. Cirrhosis of the liver, nutritional disease, suicide, delirium tremens (withdrawal reactions), ruptured veins, brain disorders, and other alcohol related diseases result in thirty to forty thousand deaths a year.

Physical Effects and Hazards: Ethanol acts on the central nervous system bringing about behavioral changes by depressing the activity of various parts of the brain. The actual effects vary with dosage. Small amounts of the drug depress inhibitions, slow reaction times, impair judgment, motor coordination, speech, and vision. In very high doses, depression of respiration and heart rates can result in coma or death. Low blood sugar reactions may occur even with moderate doses.

Various factors influence the onset and intensity of alcohol's effects. How fast one drinks, the amount of food in the stomach, the amount ingested over time, and the individual's body weight are factors which determine how fast and how severely the drug affects the user. The user's psychological condition can also effect the speed and intensity of alcohol's effects. For example, if an individual is emotionally upset, the rate of absorption of alcohol in the stomach is increased.

Alcohol is removed from the body partially through the kidneys and lungs, but primarily through the process of oxidation in the liver. Time is the chief factor in the removal of alcohol from the body. Coffee, cold showers, and eating do not affect the rate at which alcohol is oxidized and, hence, the rate at which an individual "sobers up."

Long-term use of alcohol speeds destruction of nerve cells in the brain by sludging (the formation of an adhesive substance in the blood). Nerve cells are cut off from their oxygen supply and die. Extended use of this drug can also result in impaired liver function and cirrhosis of the liver.

Continued use of alcohol produces a tolerance to the physiological effects. Tolerance is the development of increasing immunity to a drug so that more and more is required to produce the desired result. The increase in dosage over time (made necessary by tolerance) will produce physical dependence upon alcohol. Withdrawal, after physical dependence has been established, is severe and can be fatal. Withdrawal symptoms include nausea, severe tremors, chills, cramps, hallucinations, convulsions, and possible cardiovascular collapse.

Alcohol also exhibits "synergism" when used with central nervous system depressants (opiates, barbiturates, tranquilizers, hypnotic sedatives, and synthetic narcotics). Synergism is best expressed as 2 + 2 = 10. This means that a greater depressant effect is produced than if the agents were taken singly and their effects added together. Thus, the potential for unexpected overdose is increased when an individual mixes alcohol with other depressant drugs.

Comprehension Check #1

What is the primary method of removing alcohol from the body?

Marijuana

Classification: Marijuana is derived from a green plant, called cannabis sativa 1, also known as "hemp," which grows throughout the world. The potency of the plant varies in different parts of the world. The variety found in the U.S. is relatively unpotent.

The primary psychoactive ingredient in marijuana - delta 9 tetrahydracannabinol or THC - has only recently been identified and synthesized.

There is not agreement on the classification of cannabis. It is variously classified as a minor stimulant, sedative or mild hallucinogen.

Social Setting: Cannabis and its derivatives have been used medically and recreationally for thousands of years. It was used widely in American medical practice during the late 19th and early 20th centuries. The first legal restriction on cannabis in this country was the Marijuana Tax Act of 1937. Despite increasing criminal penalties, use of the drug continued; centering primarily in urban minority populations and the southwestern United States. In the early 1960's, marijuana use spread to middle-class white groups, primarily students. Some efforts are now being made to legalize the private use of marijuana.

Today, use of the drug has extended to all types of individuals, crossing all economic classes and social backgrounds. Research into medical applications of cannabis continues. It now appears that marijuana may find use as an anti-depressant in geriatric patients, an appetite stimulant, and in the reduction of intra-occular pressure from glaucoma.

Physical Effects and Hazards: Dosage effects of cannabis are difficult to measure because the concentration varies in different preparations, and because it is usually smoked, which makes it difficult to determine the amount of cannabis consumed. Experimenters often administer synthetic THC orally. However, this may not duplicate the effects of smoking the natural preparation.

As with all drugs, cannabis' effects vary with individuals. Research effects have varied from pleasant, passive reactions, to paranoid behavior, agitation and, rearely, aggression. Generally, the physiological effects at low dosages are: initial euphoria, enhanced cogeniality, and a mood of relaxed passivity. At moderate doses, these effects are intensified. In addition, some impairment of short-term memory, disturbances in thought patterns, lapses in attention, subjective feelings of unfamiliarity, depersonalization, and sensory distraction may occur. High doses further increase these effects, and produce marked sedation.

Physiological responses to cannabis include dilation of the blood vessels in the extremities, increase in blood flow to the arms and legs, and reduction of body temperature through heat loss. Blood pressure is raised, due primarily to an increase in the heart rate. Reddened eyes and a dry mouth may also occur. Appetite is usually stimulated, but blood sugar levels remain largely unaffected.

Acute effects of cannabis use are not generally thought to be severe, although psychological reactions can occur in predisposed individuals. Chronic effects associated with long-term use include respiratory complications and forms of psychological dependence. Recent studies suggest that long-term use of cannabis may reduce the body's ability to resist infection, as well as depress the blood level of testosterone (a sex hormone) in males. Both effects are thought to be reversible upon cessation of cannabis use. The chief known hazard to chronic marijuana use lies in the smoking of the drug. Smoking hazards are similar to those of smoking other materials.

Cannabis has not been demonstrated to cause physical tolerance. Tolerance means that an individual requires more and more of the drug to produce the desired effect. Some users claim a reverse tolerance, wherein it takes progressively less of the drug to produce the desired effect. This phenomenon has not yet been firmly established. Cannabis does not produce physical dependence, i.e., individuals do not experience physical withdrawal when they stop using the drug.

Comprehension Check #2

Does prolonged use of marijuana produce tolerance?

Cocaine

Classification: Cocaine is a white, alkaloid powder extracted from the leaves of Erythroxylon coca trees. The plant is about five to eight feet tall with green leaves and brillian red berries. Cocaine is found in Peru, Bolivia, and some other South American countries.

Social Setting: Cocaine was first used for religious and social purposes by the Incan civilization of South America. The spread of coca use has been attribute primarily to the Incan emperors. Later the working classes in South America used the drug to relieve hunger and fatigue.

Cocaine was isolated from coca leaves about 1855. By 1884, it had gained prominence for its therapeutic effects. Scientists suggested its use as a pain killer, and Sigmund Freud hypothesized that cocaine could be used as a successful morphine substitute in the treatment of patients addicted to opiates.

A survey in 1902, however, revealed that only 3 to 8% of the total amount of cocaine sold in the U.S. was used for medicinal, dental, or veterinary purposes. Cocaine became illegal in 1906 through the Pure Food and Drug Act. The drug remained in ghetto areas and during the 1920's its use was associated primarily with the more affluent pushers and pimps. Abroad, usage was more widespread, and it is believed that many of the Nazi High Command were morphine and cocaine users.

The price of cocaine increased in post-war years when penalties were stiffened for both selling and smuggling the drug. In the late 1960's, its use gained prominence with various musical groups, and cocaine became the 'glamour' drug of the young and affluent. Although cocaine still remains quite expensive, it is currently experiencing wide use.

Physical Effects and Hazards: Cocaine acts as a powerful stimulant on the central nervous system for one to two hours. The actual process of stimulation is not precisely known, but it may be due to the depression of inhibitory neurons. After entering the body, the drug's first recognizable effects are on the cortex of the brain. Talkativeness, restlessness, excitement, and increased mental activity are among the immediate effects. Stimulation of the medulla results in an increase in respiration and shallowness of breath. Effects on the cardiovascular system include an increase in pulse rate, construction of the blood vessels and an initial increase in blood pressure. Historically, cocaine has been used to reduce fatigue, but there is no evidence that the strength of muscular contractions is increased by cocaine. Most individuals report experiencing slight psychological depression soon after the initial stimulating effects dissipate.

Long term use of cocaine has not yet been shown to produce physical dependence, but tolerance to the drug develops quickly. Tolerance is the development of increasing immunity to a drug so that more and more is required to produce the desired result. If used regularly, tolerance to cocaine can allow such large does that severe stomach and liver damage can occur.

Acute poisoning from cocaine is not uncommon. Overdose of cocaine cause death through the depression of respiration, or through direct toxic effects on the heart muscle. The fatal dose is approximately 1.2 grams orally, although severe toxic effects have been recorded with as little as 20 milligrams. The individual toxic dose varies with individual tolerance and sensitivity.

Side-effects which may accompany usage include abdominal pains, dilation of the pupils, slight protrusion of the eyes, and chills. The senses of taste and smell are sometimes inhibited.

The more common methods of using cocaine are injection of the dissolved powder or sniffing of the crystalline form. Sniffing ('snorting') cocaine on a consistent basis can cause damage to the mucous membranes of the nostrils and cocaine's potency can lead to rapid deterioration of the vein when injected.

Comprehension Check #3

_____T-F 1. Cocaine doesn't produce physical dependence but tolerance develops quickly.

Heroin

Classification: Heroin is a semi-synthetic derivative of morphine. Structurally, diacetylmorphine, heroin is a highly effective narcotic analgesic (pain killer). It is usually a white, odorless, crystalline powder that dissolves in water. Mexican heroin is often brown.

Social Setting: Diacetylmorphine was first synthesized in 1874 by the English researcher C.R. Wright. This new, highly effective analgesic cough medicine was soon marketed under the brand name Heroin. It was prescribed to relieve morphine addiction. Heroin was, for over two decades, considered to be non-addictive. The American Medical Association approved Heroin for general use until federal restrictions were passed.

The main source of the heroin which appears on the 'street' today is Southeast Asia and Turkey. Fromlaboratory to street, it passes through many hands, each of which raises the price. In the process, heroin is cut from 80-100% purity to 1-5%. Substances used for cutting heroin include milk-sugar, mannitol (a mild laxative), and quinine.

The user can administer the drug by sniffing ('snorting'), subcutaneous injection or intravenous injection.

Physical Effects and Hazards: Heroin effects practically all systems of the body. It appears as morphine in sweat, saliva, breast milk and the fetus.

Immediate responses usually include a general reduction in breathing and cardiovascular activity, depression of cough reflex, constipation and other gastrointestinal effects, constriction of the pupil of the eye, reduced visual acuity, small changes in hormonal levels, itching skin, and increased perspiration. Initial nausea and vomiting may also occur.

Psychological effects vary with the individual and the situation. Nausea and vomiting may make the initial experience unejoyable for many. The analgesic action is experienced as a drowsy euphoria, a pleasant inability to concentrate, or an enjoyable lethargy. Sexual, nutritional, and aggressive motivations are also decreased.

Research to date has shown little evidence of permanently impaired cognitive or psychomotor performance resulting from chronic heroin use.

Recent investigation does, however, link heroin use to obstetrical complications in female users. Sleep disturbances occur in some individuals and, with high doses, insensibility and unconsciousness result. The primary toxic overdose (poisoning) symptoms are coma, shock, respiratory failure and death. The greatest likelihood for lethal overdose occurs in novices, chemically sensitive individuals, and persons also using other depressants, e.g., alcohol, barbiturates tranquilizers, or other opiates.

Potential hazards are found in diluted or adulterated street heroin, unsterile and shared needles, unhygenic living conditions, poor eating habits, and inadequate medical care. Hepatitis, tetanus, cardiovascular and lung abnormalities are reported in many addicts.

Continued long-term use of heroin produces a tolerance to the drug. The high dosage allowed by tolerance will, over time, lead to physical dependence on the drug. Long-term use can also cause psychological dependence, although persons who achieve high tolerance levels may report that there is no longer a sense of euphoria. The drug merely makes them feel normal, i.e., combats withdrawal symptoms.

Withdrawal symptoms from physical dependence can include nausea, vomiting sweating, cramps, insomnia, and muscle spasms. Management of physical withdrawal can be achieved through medical techniques. Management of the psychological and emotional attachments is more difficult, however, which accounts for the high relapse rate of heroin addiction.

Comprehension Check #4

_____T-F 1. Heroin effects practically every body system.

Barbiturates

Classification: All compounds called barbiturates contain barbituric acid. Barbiturates are central nervous system depressants. Like alcohol, they effect bodily functions by altering the concentration of several chemicals in the brain and nervous system.

Social Setting: This chemical was first synthesized in Belgium in 1684. The first medical preparation appeared in 1903, and was called Vernol. Today there are many preparations containing barbituric acid, each with its own popular brand name. Owing partly to availability and irresponsible use, barbiturate poisoning has become a major problem. Since 1954, one million pounds of barbiturates have been produced in the U. S. This is enough for 7.5 billion, 60 mg. capsules. Because barbiturates are highly addictive, they are currently being replaced medically with tranquilizers and other non-addictive preparations.

Physical Effects and Hazards: Barbiturates effect the user in many ways, ranging from subtle changes in mood and sedation, to sleep and coma. The effects will vary depending on the particular drug, dosage, individual metabolism, and route of administration. The overall effects on the user include reduction in vigilance, attention, awareness to external stimuli, and ability to perform intellectual tasks. It is impossible to list effects precisely, because some appear with lower doses and others emerge only as the dose increases.

Barbiturates act differently in different people and differently in the same person at different times. These unexpected effects are called sensitivity reactions. Some individuals can become excited rather than sedated. Unusual effects are regular in about 10% of the individuals using barbiturates. These unusual effects vary from unpleasant feelings to vomiting, dizziness, and more serious responses, including death.

The lethal dose is too variable to be stated with certainty, but may be considered to be ten times the hypnotic case (10 x 200 to 400 mg.). These levels are not fixed. Users who have taken higher doses have fully recovered, while lower doses, especially when mixed with alcohol, have proven fatal. Overdose levels also vary with the specific drug. Studies indicate that the overdose level for short-acting barbiturates (e.g., Seconal) is three grams and for long-acting varieties (e.g., Phenobarbital) is five to nine grams. Individuals who overdose on short-acting barbiturates are usually found dead; but those who overdose on intermediate or long-acting varieties usually die in the hospital. Death comes from respiratory failure.

As previously mentioned barbiturates demonstrate 'synergism' when mixed with other depressant drugs (opiates, tranquilizers, alcohol, hypnotic sedatives, and synthetic narcotics). This means that a greater depressant effect is produced than if the agents were taken singly and their effects added together. Thus, the potential for unexpected depressant overdose is increased when an individual mixes depressant drugs. Other aspects of barbiturate interactions with various drugs are less clearly understood.

Continued use of barbiturates produces tolerance to their effects. Physical dependence with secobarbital and phenobarbital can develop at a dosage of 600 mg. daily for two months, or 800 mg. daily for more than 35 days. Over time, the user may also develop psychological dependence on the drug.

Withdrawal from barbiturates is more severe than from heroin, and can be life-threatening. It should only be attempted under medical supervision. The intensity of withdrawal depends on the specific drug used, the depth and length of use, and the individual's metabolism. Symptoms will include sweating, insomnia, vomiting, tremors, paranoia, and bad temper. In extreme cases, hallucinations and seizures have been reported. In laboratory experiments, unsupervised withdrawal from chronic dependency brought death to a majority of test animals.

Comprehension Check #5

_____T-F 1. Barbituric acid was first synthesized almost 300 years ago.

Amphetamines

Classification: Amphetamines include a large group of synthetic drugs which function as central nervous system stimulants. The most common types of amphetamine are 1-amphetamine sulfate, d-amphetamine sulfate (Dexadrine), and methamphetamine sulfate (Methadrine). Benzedrine is composed of both 1 and d amphetamine sulfate.

Social Setting: Amphetamines were first synthesized in 1887 by the German pharmacologist L. Edeline, but were not experimentally evaluated for another forty years. They received a considerable amount of publicity during the 1940's and 50's as talk of "brain," "pep," and "superman" pills aroused the curiosity of many Americans.

In 1946, thirty-nine accepted clinical uses of amphetamine were documented, ranging from schizophrenia and codeine addiction to persistent hiccups. Today, the Food and Drug Administration recognizes only short-term appetite reduction, narcolepsy, and some types of Parkinsonism as grounds for administering amphetamines.

Amphetamine use is widespread in our modern society which stresses heightened activity and productivity. Amphetamines are popular with athletes, truck drivers, and students who wish to stay awake for long periods of time or to increase their endurance. Over forty drug companies advertise seventy different amphetamine preparations including such brand names as: Dexadrine, Desbutal, Didrex, Eskatrol, Obetrol, Tenuate, Methedrine, and Desoxyn. One-third to one-half of the annual legal production of amphetamine is diverted into the illegal drug traffic.

Physical Effects and Hazards: Stimulating effects of amphetamines are produced at the brain's synaptic sites. Effects of the drug may last from four to fourteen hours, depending on the dosage. Although it is rapidly assimilated into the bloodstream, large amounts of the drug are excreted unchanged in the urine up to seventy-two hours after ingestion.

Amphetamines suppress the appetite by acting on the control centers of the hypothalmus and by depressing gastrointestinal activity. While initially helpful in dieting, amphetamines lose effectiveness as tolerance develops so that lost weight returns unless the dieter has changed his eating habits.

Amphetamines tend to keep the user awake and alert, and to provide temporary mood elevation, but the drug itself is not the source of stimulation. Amphetamines release stored energy from body reserves by chemically interacting with the central nervous system. Continued use leads to depletion of the body's energy stores and loss of sleep and appetite prevent replenishment of those reserves.

Side effects from amphetamine use are common. They include irritability, nervousness, insomnia, nausea, hotflashes, and dryness of mouth. Excessive doses may produce hypertension, delirium, aggressiveness, mental confusion, severe anxiety, and compulsive behavior.

The mechanism in the liver which activites amphetamine is impaired with continued use. As a result, the body develops tolerance to the chemical. As the individual builds greater tolerance to amphetamine, and larger amounts are required, serious gastrointestinal, liver, and stomach disorders can occur. Recent medical evidence strongly suggests that amphetamine use over time may produce severe degenerative arterial changes.

Continued moderate to severe use of amphetamine may lead to physical dependence, although this has not been clearly established. The overdose level in children is approximately 5 mg./kg. of body weight, and in adults from 10 to 15 mg./kg. of body weight. Individuals are cautioned about the possibility of drug misrepresentation when buying the drug from illegal sources.

Comprehension Check #6

_____T-F 1. Amphetamines are most often prescribed for weight reduction.

LSD

Classification: LSD-25 is a synthetic preparation derived from ergot, a rye fungus. The chemical is extremely potent in man. Human dosage is measured in millionths of a gram (micrograms) rather than the more standard thousandths of a gram (milligram).

Social Setting: LSD was first synthesized in 1938 by the Swiss chemist, Albert Hoffman, who stumbled onto the compound while seeking headache remedies. Hoffman experienced the first LSD 'trip' in 1943, when he accidentally received a minute quantity of the drug. It was thought that LSD mimicked the symptoms of psychotic behavior and, following World War II, research was extensive. Although little therapeutic use was found, LSD became very popular for its dramatic hallucinogenic effects.

In 1964, LSD was declared illegal and a controlled substance by the Bureau of Narcotics and Dangerous Drugs.

Physical Effects and Hazards: The psychological effects of LSD can be divided into three categories: central, direct, and neurohormonal.

(1) Central: These effects include stimulation of neuron activity in the brain and stimulation of the brain's reticular formation. This results in altered senstivity to sensations from the outside environment. Stimulation of the brain stem, medulla, and mid-brain causes the pupils to dilate, body temperature to rise, and the sugar content of the blood to increase.

(2) Direct: Lysergic Acid Diethylamide directly stimulates smooth muscles, resulting in a fine tremor in the extremities.

(3) Neurohormonal: The drug also effects the functioning of nerve cell transmitters which change electrical impulses into chemical activity. This action is not completely understood, but is thought to involve an alteration of Serotonin levels at certain nerve sites. Serotonin is a substance which is naturally present in the body and is said to play a role in the transmission of impulses from one nerve to another in the brain, affecting both thought and emotion.

The overall effect of LSD is a result of these specific actions, and varies by dose. These effects may include a sharp intensification of colors, sounds, tastes, and other sensations. A crossing of stimuli (e.g. hearing colors) is often noted. The usual balance of emotions is altered, and perceptions of elapsed time may be distorted. On occasion, nausea, dizziness, headache, and a loss of appetite have been reported. There is also decreased muscle coordination when LSD is taken in large doses.

The actual drug experience may last from six to twelve hours, depending on dosage. In humans, dosage varies from 50-300 micrograms, with moderate doses ranging to 150 micrograms.

Initial risks are encountered from buying LSD on the street, where it may be adulterated or improperly synthesized. The drug experience itself varies considerably with individuals, and must be considered unpredictable. Occasionally the experience is unsettling and frightening experiences have been shown to occur frequently in cases where individuals are already undergoing fear of alienation. In extreme cases, LSD can bring about a psychosis which lasts from a few weeks to an indefinite duration of time.

'Flashbacks' have been reported as long as 20 months after the actual drug experience. These usually appear after an extremely intense and unpleasant LSD 'trip.'

Experiments of the late 1960's reporting chromosomal damage have not been verified. LSD does not produce physical dependence, although it is possible for the user to develop psychological dependence. Tolerance to LSD builds quickly. A cross-tolerance has been demonstrated between LSD and other hallucinogens (notably Mescaline).

Comprehension Check #7

_____T-F 1. LSD produces physical dependence.

Antihistamines

Classification: There are five primary groups of antihistamines: Ethanolomine (Diphenhydramine); Phenothiazine (Promoethazine); Ithylenediammine (Pyrilamine); Alkylamine (Chlorpheniramine); Peperazine (Chlorcylizine).

Social Setting: Antihistamines were demonstrated to have the capacity to relieve allergic reactions in 1937. Since that time, a large number of antihistamine preparations have been marketed for relief from various types of allergies, hypersensitive reactions, seasonal hay fever and urticaria.

Heavy media exposure and advertising soon led the public to consider antihistamines to be a "miracle drug." Manufacturers, in turn, produced dozens of "new" preparations which were usually nothing more than new brand names for the same preparations.

Physical Effects and Hazards: Antihistamines block the pharmacological effects of histamines, which cause allergic reactions in the respiratory system. It is not known precisely how this is accomplished, but it is believed that antihistamines block the effects of histamines upon the smooth muscles of the upper respiratory system. The drug acts upon these muscles as a vasodilator, increasing the flow of blood in the capillaries.

These drugs may cause many undesirable side-effects. Most physicians now exercise great caution in prescribing antihistamines because these side-effects vary considerably according to dosage and individual response to the particular form of the drug. Common side-effects include excessive drowsiness, inability to concentrate, dizziness and impaired coordination. Sensitivity reactions are also reported, including lassitude, muscular weakness, upset stomach and urinary retention. In addition, antihistamines may produce chronic coughing, by drying up the mucous membranes.

Antihistamines have serious overdose potential, especially with children. Twenty to thirty tablets or capsules may cause death in children. Since there is no specific treatment for antihistamine overdose, prevention is extremely important. Parents should be particularly careful to keep these drugs out of the reach of children. This is an especially serious problem due to the large number of antihistamines available to the public today.

Although antihistamines are not commonly classified with the psychoactive drugs, they are chemically similar to psychoactives and have found use as tranquilizers and anti-convulsants and as treatments for motion sickness, nausea and parkinsonianism. The various antihistamine compounds produce metabolic effects ranging from mild stimulation to strong sedation.

There has been some evidence that antihistamines may be related to birth defects. The peperazine groups have been shown to be connected with birth defects in laboratory animals.

Antihistamines are sometimes prescribed in combination with other drugs because antihistamines are believed to increase the intensity and duration of the effects of other drugs. However, there is little scientific evidence to support this belief.

Comprehension Check #8

_____T-F 1. Antihistamines are chemically similar to psychoactive drugs.

Mescaline

Classification: Mescaline belongs to the structural class of tetrahydroisoquinoline alkaloids. It differs structurally from LSD, Psilocybin and other hallucinogens, which are indole compounds.

Peyote is the common name for the cactii which have mescaline as their primary active ingredient, particularly Lophophora williamsii and Lophophora Lewinii. These cactii, which are native to the deserts of Central and North America, are small, spineless, carrot shaped plants with only a rounded surface appearing above the ground. It is this portion, called a button, which contains the active alkaloids.

Social Setting: The recorded use of the drug dates back to pre-Christian times when it was involved in religious and magical rites by the Chicimec tribe of Indians in Central America. By the time of the Spanish conquests, its use had spread from Central America to what is now Texas, Arizona, and New Mexico. Peyote was used by native Indians for the relief of fatigue and hunger, treatment of various diseases and to help achieve the trance-like state demanded by tribal ritual dances.

Tribal migrations and intermittent warfare in the nineteenth century eventually consolidated organized Peyote cults in the United States. A loose tribal confederation of "Mescal Bean Eaters" adopted some Christian elements into their rituals and evolved into the Native American Church of North America. This church currently retains the legal use of Peyote in religious ceremonies under the constitutional right of Freedom of Religion.

One to six buttons are usually held in the mouth until soft and then swallowed - chewed or unchewed. The taste is bitter and soapy, and vomiting often follows ingestion. The effects last for approximately 12 hours.

Physical Effects and Hazards: The alkaloids in Peyote fall into two classes: strychnine-like alkaloids which produce tension and excitability and morphine-like alkaloids which produce sedative and hypnotic effects. This results in a two stage physiological action in man: an intial period of exhilaration followed by a psychological state involving visual, auditory and tactile distortions.

Mescaline stimulates the human central sympathetic system causing increases in pupil size, pulse rate and blood pressure. LSD and Psilocybin produce similar effects.

Mescaline is like LSD, Psilocybin and other hallucinogens in that tolerance develops rapidly without physical dependence. Repeated use over three to six days will develop a high degree of tolerance to the physical and psychological effects of the drug. However, withdrawal symptoms do not occur, so the drug is not considered to be physically addicting.

Mescaline overdose has not been known to cause any human death. However, the overdose risk is increased when mescaline is combined with certain other drugs, including insulin, barbiturates and physostigmine. It would be possible for a person taking insulin to overdose on near normal dosages of mescaline.

The psychological effects of mescaline are highly subjective and variable relative to time, setting and individual reaction. Mescaline has been shown to impair ability to perform tasks requiring complex discrimination, immediate memory and problem solving ability. These impairments may be due to disinterest in performing psychological tests while under the influence of the drug rather than to direct effects of the drug.

Mescaline produces marked alterations in visual perception. Objects may appear to take on new colors and shapes and appear to be distorted. Users are usually aware that these distortions are products of their own minds so these visual phenomena are not regarded to be hallucinations.

Drug analysis has shown that there is virtually no mescaline available on the street. The so called "mescaline" that is sold is actually LSD or PCP.

Comprehension Check #9

_____T-F 1. Mescaline produces tolerance without physical dependence.

Methaqualone

Classification: Methaqualone is structurally related to barbituric acid and acts as a central nervous system depressant. It reduces the intensity of transmissions along neural pathways, thus lowering the level of emotional arousal.

Social Setting: Methaqualone was first synthesized by Gurjal in 1950 and was available in Japan soon afterwards. The Rorer Company introduced the compound to the U.S. in 1955 as a sleeping aid (in doses of 150-300 mg.) and as a daytime sedative (75-100 mg.). Advertised as a non-barbiturate, non-addicting, tranquilizing agent, the sales for the Rorer product, brand name "Quaalude," increased rapidly. In 1972, it became the sixth most prescribed preparation by physicians in America. Several pharmaceutical companies have now marketed Methaqualone preparations: Pennwalt (Bi-Phetamine-T); Arnar-Stone (Sopor); Wallace (Optimil); Parke-Davis (Parest); Cooper (SomnaFac, SomnaFac-Forte).

Methaqualone appeared briefly on the streets of San Francisco in 1968 and was not heard from again until 1970, when it reappeared on college campuses in the Midwest. From the Midwest its illegal use has spread to the East and West Coasts. The main source appears to be legal prescriptions and diverted or 'lost' shipments. In the larger cities Methaqualone is readily available on the street or from 'script' doctors. The street names reflect this origin. "Sopors," "Quaaludes" and "Ludes" are typical slang terms.

Physical Effects and Hazards: The illegal use of Methaqualone is a result of its psychological effects. It produces a sensual and somewhat euphoric state, causing the user to feel calm and relaxed. Like alcohol, Methaqualone reduces the inhibitions and creates a sense of intimacy with other people. With larger doses, muscular activity slows down, coordination is impaired, speech slows down and becomes slurred and sleep usually occurs. Hangovers, similar to alcohol hangovers, may be experienced.

Overdose is a serious danger with Methaqualone. There are a number of reasons for its high overdose potential. First, the user may tend to misjudge the potency of the dosage by the rather small size of the pills. Secondly, the drug effects the memory, so that the user may forget how many pills he has already taken. Thirdly, the drug effects judgment, so that the user may underestimate the risk of taking additional pills. Finally, there is an effect called 'synergism' which causes an unusually strong reaction when two depressants are taken together. Thus, Methaqualone and alcohol become an extremely dangerous combination. Most Methaqualone overdose deaths occur in combination with alcohol.

Long term use of Methaqualone may result in physical and/or psychological dependence. Physical dependence begins with the development of tolerance. Tolerance is followed by withdrawal symptoms. When a physically addicted user suddenly stops taking the drug, he will experience a "withdrawal syndrome," which includes insomnia, cramps, headaches, tremors, seizures, vomiting and depression. Withdrawal from Methaqualone is dangerous and should be supervised by a physician. Methaqualone can produce physical dependence in two weeks at a daily dosage of 600-3000 mg.

The user may also develop psychological dependence upon Methaqualone. Psychological dependence is the result of using the drug in order to cope with personal problems. Generally, the user must develop alternative coping mechanisms in order to overcome psychological dependence.

Methaqualone crosses into the bloodstream of an unborn infant. If the mother is physically dependent upon Methaqualone, her child will also be born with this dependence.

Comprehension Check #10

_____T-F 1. Methaqualone has very little overdose potential.

Minor Tranquilizers

Classification: The word "tranquilizer" describes a number of drugs which differ chemically. Minor tranquilizers are central nervous system depressants, like alcohol, and share similar properties, such as, drug dependence and tolerance to other depressants. The three main families of minor tranquilizers are: meprobamate and its analogues (Rela, Soma, Striatan, Capla, Miltown, Equanil, Ultran, and others); benzodiazepines (Librium, Valium, Dalmane, Norbium, Serax); and dephenylmathanes (Suavitil, Phobex, Softran, Suvren, Atarax, Vistaril). Other minor tranquilizers include Trancopal, Listica, Trepidone, and Quiactin.

Social Setting: The first minor tranquilizer, meprobamate, was introduced in 1955. These drugs were originally prescribed as part of a treatment program for reducing the symptoms of mild to moderate anxiety and mild psychoneurotic or psychosomatic complaints. Barbiturates were previously prescribed for this purpose, but were regarded to be dangerous because of their overdose potential and their strong tendency to produce physical dependency. Tranquilizers were regarded to be safer because they have much less critical dosages (increases in dosage do not produce corresponding increases in effects) and were not believed to produce physical dependence. Tranquilizers quickly became very popular and are available today in refillable prescriptions. However, it has subsequently been demonstrated that they do cause physical dependence.

Physical Effects and Hazards: Minor tranquilizers act on the central nervous system by affecting the interneurons which connect sensory and motor pathways. The user becomes less aware, and a state of calm is produced. Skeletal muscles are also slightly relaxed. The results are reduced aggression, increased sociability and, depending on the dose, drowsiness progressing toward sleep. Like alcohol, minor tranquilizers effect coordination, speech patterns, attention span, and libido. The expectation of relaxation also contributes to the overall effect of producing a chemical calm.

Minor tranquilizers produce a number of known side effects, including apathy, illogical fears, low blood pressure, fainting, chills, rashes, upset stomach, disorientation, blurred vision, sleep disturbances and bladder, menstrual, and ovulary irregularities. The synthetic euphoria produced may lead to psychological dependence, while the chemicals, themselves, cause physical dependence. These two types of dependence, which can be complete within a few weeks, are encouraged by tolerance to the drugs.

Symptoms of withdrawal from minor tranquilizers are almost as severe as with barbiturates. They are regulated by the individual's metabolism, potency of the specific preparation and length and frequency of use. Symptoms of hyper-excitability are noticeable in a dependent person from four to eight hours after cessation of the drug. In animals, withdrawal from chronic doses cause grand mal seizures after twenty-four hours, and is fatal to a majority. In humans, doses of 3.2 to 6.2 grams per day can cause dependence. The accompanying symptoms are similar to those of secobarbital: insomnia, vomiting, tremors, muscle twitching, anxiety, and general ill humor. Instances of hallucinations between the 36th and 48th hour of withdrawal and occasional grand mal seizures have been reported. Withdrawal from minor tranquilizers requires medical supervision since the situation may be life-threatening.

The safest minor tranquilizers are, in general, the benzodiazepine derivatives. Their dose-response curve is flat (except for diazepam) which means that increased dosage is not accompanied by a marked increase in effect. Hence, benzodiazepine derivatives do not act strongly on respiration and do not facilitate suicide. In other minor tranquilizers, the lethal dose is approximately ten times the recommended hypnotic dose.

Minor tranquilizers demonstrate 'synergism' when mixed with other depressant drugs (opiates, barbiturates, alcohol, hypnotic sedatives, and synthetic narcotics). This means that a greater depressant effect is produced than if the agents were taken singly and their effects added together. Thus, the potential for unexpected depressant overdose is increased when an individual mixes depressant drugs.

These chemicals do not cure. To the contrary, they may postpone the cure, thus adding to the initial problem. In America, they represent a socially acceptable alternative to alcohol, and have produced millions of dependent persons. Millions of middle-class citizens use minor tranquilizers as their drug of choice.

Comprehension Check #11

_____T-F 1. Withdrawal from tranquilizers is not a severe problem.

Nicotine

Classification: Nicotine is an alkaloid found in tobacco leaves, which is extracted as a colorless, oily, acrid liquid, and is sometimes used as an insecticide.

Social Setting: Nicotine is named after Jacques Nicot, French ambassador at Lisbon, who first introduced tobacco into France in 1560. Consumption of tobacco today is extremely widespread, despite information campaigns aimed at discouraging its use. Routes of administration include chewing, smoking, and sniffing.

Physical Effects and Hazards: Nicotine acts on the heart, blood vessels, digestive tract, and kidneys. After having an initial stimulant effect, the drug then depresses activity of parts of the brain and nervous system. Users will experience an increase in pulse rate, a rise in blood pressure, and a drop in body temperature. These effects are followed by a feeling of relaxation and a slight mental euphoria. Smoking increases the release of acids into the stomach and may slow down the formation of urine.

The harmful effects of cigarette smoking appear quickly. Shortness of breath, a nagging cough, and elevated heart rate may all occur in users new to the drug. Long-term use has been linked to numerous disorders. The death rate from heart disease is 70% higher among male cigarette smokers than among non-smokers. Men between the ages of 45-55 who smoke 10 or more cigarettes daily experience a death rate from heart disease that is three times as high as that of a comparable group of non-smokers.

Cigarette smoking is the chief cause of chronic bronchitis, irritating the air passages leading from the windpipe to the lungs. This causes reduced respiration, regular coughing, and regurgitation of phlegm.

Development of emphysema has also been linked to cigarette smoking. In this disease, the lungs lose their normal elasticity and retain abnormal amounts of air.

Regular smokers also have a statistical incidence of lung cancer that is 10 times greater than non-smokers. Smoking has also been linked to other forms of cancer. Among smokers, death rates from cancers of the larynx (voice box), esophagus (gullet), urinary bladder, and mouth and allied structures is significantly higher than for non-smokers.

Smokers are also more likely to suffer from cerebrovascular disease, due to the fact that hardening of the blood vessels in the brain may lead to stroke.

There is recent evidence to suggest that cigarette smoking interferes with the body's ability to defend against disease. In a two year study, 50% more heavy smokers were hospitalized for all causes than were non-smokers.

The growth of unborn infants is retarded in pregnant women who smoke. Premature births, stillbirths, and death among newborn babies are all more frequent among mothers who smoke than among those who do not.

Recent studies indicate that smokers of low nicotine cigarettes inhale more frequently, thus taking in nearly the same amount of the drug as smokers of cigarettes with higher nicotine levels.

Continued use of cigarettes produces a tolerance to nicotine. After ceasing to use nicotine, an individual may feel restless, irritable, depressed, and dizzy. A number of studies now suggest that nicotine may produce a mild physical dependence as well as psychological dependence.

Comprehension Check #12

_____T-F 1. Some studies suggest that smokers are hospitalized at a rate 50% greater than non-smokers.

MDA

Classification: Methylenedioxyamphetamine is a derivative of the amphetamine family. Although it produces a mildly hallucinogenic state, the fact that it has an amphetamine base and heightens sensitivity to stimuli makes classification as a stimulant more accurate.

Social Setting: MDA was first synthesized in the 1930's and early indications suggested that it would serve as an appetite depressant. In 1959, Alles observed that, although MDA was not hallucinogenic, it did heighten the perception of sensations. The perceptual distortions and feelings of anxiety occasionally present with LSD were not found with MDA. Research was initiated in 1967 to explore the possible use of MDA as a tool for psychotherapy. Further research concluded that, under carefully controlled conditions, MDA could be useful in drug-assisted psychotherapy.

In 1970, MDA was included in the Controlled Substances Act in an effort to regulate and monitor its production and consumption. Illicit demand for the drug, however, has prompted its production in 'street' laboratories where purity and accuracy of the synthesis is questionable.

Physical Effects and Hazards: Existing information about the effects of MDA is inconclusive and incomplete. Experienced LSD users have confirmed clinical evidence that MDA produces LSD-like effects without the occurrence of hallucinations. The drug appears to produce a sensation of joy in the user. Feelings of peace, tranquility, tenderness, and gentleness are also experienced without accompanying despair or remorse. Also absent are the visual distortions or misperceptions common to hallucinogens. Reactions such as anger, aggression, confusion, disorientation, paranoia, loneliness, and isolation occur infrequently. This suggests that MDA might safely function as a bridge between mentally disturbed individuals and therapists.

Physiological effects include increased pulse rate, fluctuating blood pressure, and dilation of the pupils. Overstimulation, loss of appetite, and insomnia are also common. The average street dose (100-150 mg.) takes effect within an hour after ingestion of the drug. Peak effects are usually reached in the first two hours and effects may continue for as long as 12 hours, depending upon the dosage and the user's state of mind.

There are no accurate studies available of either high dosage or long-term use of MDA. Research into physical effects and hazards from continued high doses is needed.

Comprehension Check #13

_____T-F 1. MDA may have utility in mental health applications.

PCP

Classification: Phencyclidine is an anesthetic and tranquilizing agent currently in use in veterinary medicine. PCP is generally considered to be a psychomimetic chemical, i.e., a chemical which mimics or imitates the symptoms of a psychosis.

Social Setting: Phencyclidine was developed in the 1950's for use in humans as an analgesic (pain killer) and surgical anesthetic. Human usage was later discontinued when sensory disturbances, psychotic reactions, and agitation were associated with the drug. Scientific research suggests that PCP produces disordered thought processes similar to chronic schizophrenia.

First appearing on the illicit American market in 1967, phencyclidine is frequently misrepresented on the street. Alleged mescaline, psilocybin, or THC (the active ingredient in marijuana) is often actually PCP. It is a common ingredient in psychedelic preparations, and appears in capsules, tablets, or as a light colored powder. Phencyclidine can be taken orally, injected, sniffed, or inhaled by smoking.

Physical Effects and Hazards: Noticeable physiological effects of phencyclidine include flushing, profuse sweating, increased blood pressure, and rapid heart beat. Generalized numbness, blurred vision, muscular incoordination, and dizziness may also occur.

The effects of PCP on the central nervous system vary according to dosage. At lower doses (t mg.) the user experiences anxiety, depression, or fear and thought and concentration become difficult. Higher doses (7.5-10 mg.) produce apathy and a sense of isolation. Delusions or hallucinations can also occur. Still larger doses can produce convulsions and coma.

Research to date has not shown dependence potential in phencyclidine use. More than 1,000 humans have received the drug without developing acute psychotic reactions. It remains a hazardous drug, however, due to its potential for causing serious psychological disturbances in some people.

Comprehension Check #14

_____T-F 1. PCP is psychominetic.

Basic Facts Condensed

Marijuana (grass, weed, has, pot, tea, Mary Jane)

Classification: Hallucinogen

Overdose Potential: None

Physical Addiction: None

Common Methods of Consumption: Smoked, ingested in food, "tea"

Amphetamines (speed, pep, bennies, uppers, dexies)

Classification: Stimulant

Overdose Potential: Possible but ordinarily not fatal. Long term damage to body and mind can result through prolonged use. Overdose and death possibility increases if injected due to possible impurities in drug.

Physical Addiction: Yes, but of unusual type. Withdrawal often causes depression and anxiety but otherwise not dangerous.

Common Methods of Consumption: Ingestion, injection, capsules, powder, or tablets.

Barbiturates (downers, reds, yellow jackets, phennies, barbs)

Classification: Depressants

Overdose Potential: High, especially if mixed with alcohol consumption.

Physical Addiction: Yes, very heavy.

Common Methods of Consumption: Ingestion in capsule or tablet form, occasionally injected.

Tranquilizers (e.g., Torazine, Vallium, Librium, etc.)

Classification: Depressant

Overdose Potential: Yes, especially in combination with alcohol.

Physical Addiction: Yes, but less than barbiturates.

Common Methods of Consumption: Ingestion in capsule or pill form generally obtained by prescription for hypertensive disorders.

Heroin (Horse, H, junk, smack, dope)

Classification: Narcotic (opiate) other derivatives or chemical equivalents are codeine, morphine, paregoric, methadone and amidone.

Overdose Potential: Improbable from normal dose, though possible due to impurities or accidental high quality.

Physical Addiction: Yes, high.

Common Method of Consumption: Injection

LSD (acid, cubes, toles, sugar)

Classification: Hallucinogen

Overdose Potential: In clinical form, none. Off the street, yes, because of impurities.

Physical Addiction: None

Common Methods of Consumption: Ingested in tablet or capsule or in sugar cubes, occasionally injected.

Mescaline (peyote, cactus, the button, mescal beans)

Classification: Hallucinogen

Overdose Potential: None

Physical Addiction: None

Common Methods of Consumption: Organically by chewing Peyote buttons or grinding up into capsules. Synthetically in capsules or tablets.

Psylocybin (mushrooms)

Classification: Hallucinogen

Overdose Potential: None

Physical Addiction: None

Common Methods of Consumption: Dried and ground up in capsule form or ingested in natural (mushroom) form.

Cocaine (snow, coke, flake, gold dust)

Classification: Stimulant

Overdose Potential: Yes, acute poisoning is possible. Death can occur through depression of respiration or through direct toxic effects on the heart.

Physical Addiction: No, but tolerance develops quickly.

Common Methods of Consumption: Sniffed or injected.

Symptoms of Drug Abuse

Hallucinogens. Talkativeness, lassitude, reduced coordination and reflexes, excitement, impairment of judgement, distortion of time and distance, difficulty thinking clearly and remembering, crossing of senses (e.g., "hearing" colors).

Stimulants. Hyperactivity, excitability, irritability, aggressiveness, restlessness, anxiety, paranoia, euphoria, hallucinations, tremor, talkativeness, dilated pupils, loss of appetite, occasionally panic, dizziness, seatiness, bright, shining eyes.

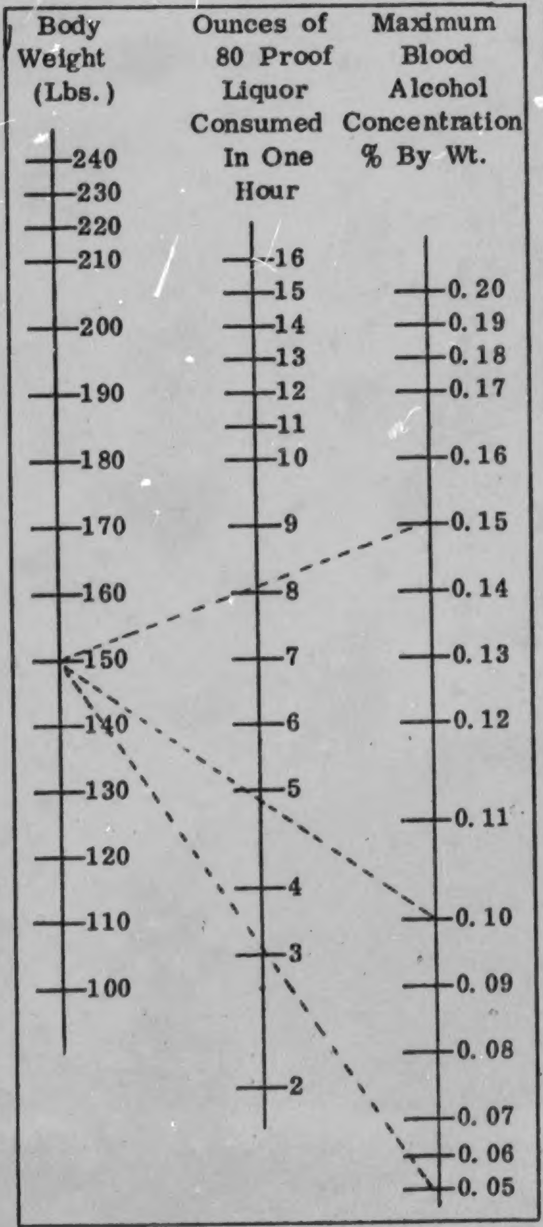
Depressants. Appearance of drunkenness, slurred speech, staggering, confusion, quick temper, constricted pupils, slowed responses and reactions.

Opiates-Narcotics Drowsiness, euphoria, slurred speech, loss of appetite, impaired coordination, depressed reflexes, constricted pupils, constipation, flushed face, needle "tracks" on arms.

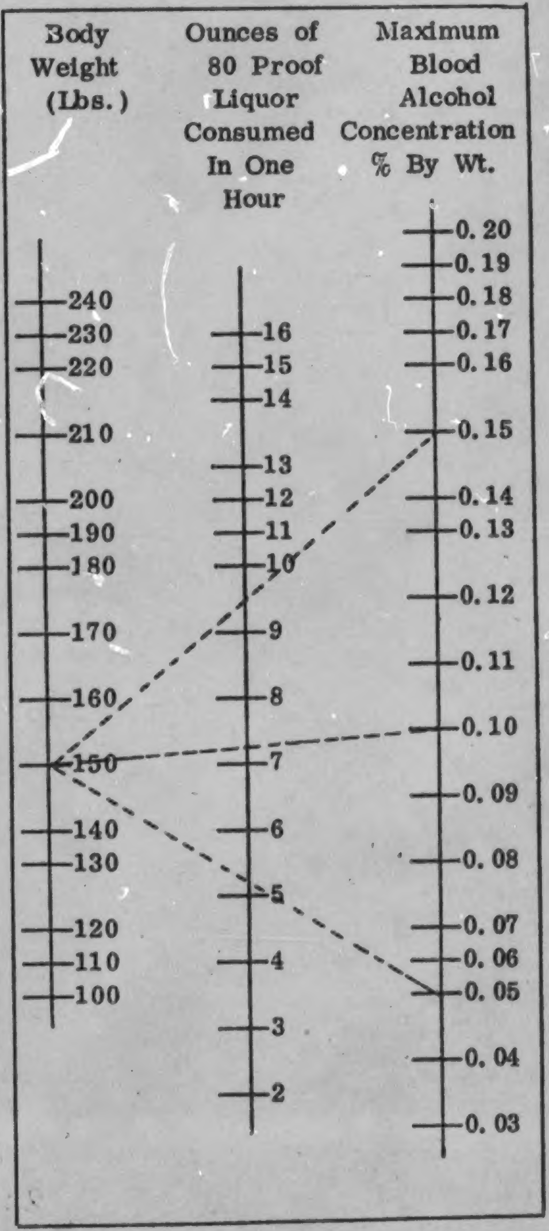
Blood Alcohol Concentration

Estimated Amount of 80 Proof Liquor Needed to
Reach Approximate Given Levels of Alcohol in the Blood

"Empty Stomach"
During a one-hour period with little or no food intake prior to drinking



"Full Stomach"
During a one-hour period occurring between one and two hours after an average meal



The charts on the preceeding page show the approximate average amount of 80 proof liquor a 150 lb. person would have to consume in a one-hour period to reach 0.10%, the percentage-weight of alcohol in the bloodstream, which presumes a driver to be intoxicated.

To determine the approximate average number of ounces of 80 proof liquor needed in a one-hour period to reach 0.10%, draw a line from "Body Weight" to 0.10%. The line will intersect the average number of ounces needed to produce a 0.10%. Follow the same procedure to determine the amount of liquor needed to reach other blood-alcohol concentrations, such as 0.05%, 0.15%, etc.

The charts show rough averages only. Many factors affect the rate of alcohol absorption into the bloodstream. Amount of food consumed, kind of food and drink consumed, and percentage of fatty tissue in the body, for examples, can vary blood-alcohol concentration values.

The rate of elimination of alcohol from the bloodstream is approximately 0.015% per hour. Therefore, substract 0.015% from blood-alcohol concentration indicated on the charts for each hour after the start of drinking.

Fifteen Signs of Developing Alcoholism

1. The individual begins to drink more than the other members of his group.

2. The individual begins to drink more frequently than others.

3. With increasing frequency, the individual goes beyond the allowed license for drinking behavior.

4. He begins to experience "blackouts" or temporary amnesia during and following drinking episodes.

5. He drinks more rapidly than others. He gulps his drinks.

6. He drinks surreptitiously and sneaks drinks.

7. He begins to lose control as to time, place, and amount of his drinking. He drinks--and often gets drunk--at inappropriate times and places when he did not intend to.

8. He hides and protects his liquor supply so he will never be caught short.

9. He drinks to overcome the hangover effects of his prior drinking.

10. He tries new patterns of drinking as to time, place, amounts, and what he drinks.

11. He attempts "geographical" cures by moving to new locations, or "travelling" cures by seeking out different drinking groups--usually of a lower social status.

12. He becomes a "loner" in his drinking. Ingestion of alcohol becomes the sole purpose of drinking.

13. He develops an elaborate system of lies, alibis, excuses, and rationalizations to cover up or to explain his drinking.

14. He has personality and behavioral changes--even when not drinking--which adversely affect his family situation, his friendship groups,

or on-the-job relationships. Accidents, job losses, family quarrels, broken friendships, and trouble with the law may take place, not just when he is under the influence of alcohol, but even when he is not.

15. Characteristics of the final phases are obvious and tragic: extended binges, physical tremors, hallucinations and deliria, complete rejection of social reality, malnutrition with accompanying illnesses and diseases--and an early death.

Human Cost of Alcoholism

- Public intoxication accounts for one-third of all arrests each year.
- One-half of all homicides and one-third of all suicides are related to the use of alcohol.
- Alcohol plays a key role in one-half of all the highway fatalities each year.
- A minimum of 10 million Americans had alcohol-connected problems last year.
- Alcohol dependence is the most serious drug problem in the country.

Findings from a recent federal study include:

- Nearly one out of seven twelfth-grade boys admits getting drunk at least once a week, and more than one out of three gets "tight" at least four times a year.
- Half the tenth graders surveyed reported drinking in cars, and 60 per cent of traffic fatalities among youth involves alcohol.
- The number of high school students who have ever used alcohol is up 90 percent in three years.

A New York study shows that almost 10% of that city's juniors and seniors "are already or potentially alcoholics."

A "drying out" program in Houston has seen its teenage clientele soar from six to 1,200 in only three years.

Theories of Alcoholism

There are a number of theories which attempt to explain the process by which the illness of alcoholism develops. One theory assumes that alcoholism is a biological weakness, like an allergy, which may be inherited. Another theory assumes that alcoholism develops when persons who drink alcoholic beverages are subjected to extreme tension or loneliness. Still another theory argues that the alcoholic does not develop into full adult maturity in a normal way. He has been deprived of affection and security as a child and turns to excessive drinking as a means of adjusting to reality. All of these theories appear to have elements of truth, but none of them is a sufficient single explanation for the development of the complex phenomenon of alcoholism.

We must say, at this time, that the precise causes of alcoholism have not yet been fully determined. It seems likely that, in addition to the biological reaction of the body to alcohol, there are psychological and sociological factors that contribute to the development of alcoholism. These include inadequate personality, neurotic response patterns, symptoms of psychotic tendency and various types of social deprivation.

There are probably many types of alcoholism. Dr. E. M. Jellinek has recently completed extensive research in which he identified the following five types of alcoholism in the United States:

Alpha: Excessive use, frequent drunkenness, interference with economic and social life. No progression, no addiction.

Beta: Similar to alpha except that the individual does not eat properly. Serious complications such as gastritis, cirrhosis and polyneuropathy may occur. There may be dependence upon alcohol. No progression or addiction.

Gamma: Increased tissue tolerance to alcohol. Change in cell metabolism. Withdrawal symptoms. Physical dependence and loss of control definite indication of addiction. This type is also progressive; that is, the illness becomes worse with more drinking.

Delta: Characteristics are similar to the gamma type but instead of loss of control there appears to be the inability to abstain from alcohol beverages.

Epsilon: The least common in the United States. Appears to be related to manic depressive states. Excessive drinking usually occurs only during the state of depression.

Treatment Approaches for Alcoholism

During the last twenty-five years a variety of treatment approaches have been developed to help the alcoholic. Sometimes these are used together and sometimes individually. The main treatment approaches are:

a. Alcoholics Anonymous, a voluntary fellowship of men and women who seek mutual help and spiritual guidance for their problems. Based on the famous Twelve Steps to Sobriety, Alcoholics Anonymous has helped more people than any other form of therapy. Some 300,000 men and women have recovered through the help of A.A.

b. The public clinic. An out patient client facility employing various disciplines such as medicine, psychiatry, psychology, social work and sometimes religion. People receive the services which they need and great emphasis is placed upon individual and group therapy. This is carried out through small groups under a skilled leader and an attempt is made to develop understanding and insights into their drinking problems.

c. The use of deterrent chemicals which insulate or keep the person from taking the first drink. These chemicals such as Antabuse and Temposil are harmless in this but cause a violent reaction when a person imbibes a small amount of alcohol.

d. The aversion treatment is based on producing a conditioned reflex by means of a chemical which will produce nausea. Usually this treatment is given in a hospital by a skilled physician or nurse. If the person tastes alcohol beverage at the same time nausea is induced, the person will associate an unpleasant reaction with the taste and sight of the alcohol beverage. This may be helpful in interrupting the drinking pattern. Usually it is accompanied by some psychological counseling or therapy.

e. Religious conversion. An unknown number of people find a solution to their drinking problem through religious conversion. They are enabled to change their ways of life and find other satisfactory outlets for themselves.

Counseling Strategies for Dealing With Drug and Alcohol Abuse

There are innumerable theories as to why many people are able to experiment with potentially addictive drugs and not become addicted while others become addicted (or habituated) very quickly and find it most difficult to ever "kick the habit." For purposes of this discussion it should be made clear from the outset that this author (Fuller) conceives the answer to lie primarily in the personality of the individual and not in his genetic make-up. Fuller's premise is that the abuse of alcohol or other drugs is primarily a method (self defeating to be sure) of handling the stresses and strains of everyday living. What may begin as an attempt to cope with life's problems, or for excitement, for acceptance, for strokes, or whatever becomes complicated by a physical addiction and/or psychological habituation. In general, the in-depth treatment of a client requires skill, time and resources beyond that possessed by most counselors, therefore most clients with drug or alcohol problems should be referred to appropriate agencies for comprehensive therapy. However, it is frequently true that persons who are addicts or habituates are relatively functional and are still involved in work or training and still are a part of a family group. It is this large group of partially functional persons for whom the counselor can provide immediate assistance and eventual referral should it be advisable. The following suggestions are intended for working with this population.

Questions for the Counselor Who Works with the Drug Abuser

The following questions were posed by George Demos and John Shainline of California State College, Long Beach as pre-conditions for effective counseling with drug users.

1. Do we have a knowledge of the drugs being abused and their

effects? There is no quicker way to lose our audience than to not have accurate information about drugs.

2. Do we have a knowledge of the language, music, etc. of the drug culture? Be aware of and understand what young people are talking about through their media.

3. Do we know the values and attitudes of drug abusers? Can we empathize with the clients who think their answers will be found in chemical substances?

4. Can we accept temporarily the client's abuse of drugs without early condemnation? Can we accept him as he is? This is particularly important early in the counseling relationship. To reject the client at the outset may hinder the possibility of his continuing. Once a relationship has been solidified, it may be appropriate for confrontation or more powerful leads to be utilized.

5. Will the fact that he is abusing drugs hinder us from establishing a trusting relationship? What are our attitudes about drugs? Do we have blind spots, prejudices, etc. about drugs?

6. Do we understand that we also have abused and continue to abuse drugs (of a different kind)? This is particulary true of alcohol and nicotine (both being drugs).

7. Can we be authentic with our clients? Hypocrisy and phoniness are integral parts of the credibility and/or generation gap that has evolved in recent years.

8. Can we strive to concentrate on the drug abuser's strengths and attempt to bring out his creative potential whenever possible? We may be so intent on changing his weakness or shortcomings we can forget he has strengths. Let us never lose sight of the fact that this person before us is in the "process of becoming" and on this long journey there are many way stations; let us not become fixated at one derailment.

9. Can I be open and truly honest with this individual before me--one who may have broken the law? Can I also admit to myself that I may have done the same under different circumstances (traffic, liquor, etc.)?

10. Will the fact that the client may be engaging in illegal drug abuse activities create a barrier of repugnancy which can deter our effectiveness in the counseling relationship? The key is to avoid judging too harshly or too early; rather the point is to attempt understanding.

11. Have we and do we continue to learn and understand the many complexities involved in what has been referred to as alienation? This represents the single most salient factor relating to the social and psychopathology of drug abuse. We must know and understand what it means to be alienated and that a warm interpersonal relationship is an antidote.

Demos and Shainline emphasize repeatedly that confrontive counseling input must be used with great care and only after some degree of trust has been established less it be viewed as aggression and/or hostility on the part of the counselor. Fuller's view, however, is that gentle confrontation is an essential ingredient of effective counseling and that a warm supportive relationship, while important, is insufficient for client change in most cases. The reader is left to judge through his/her own experience as to the amount, type and timing of confrontive responses which are helpful for your particular clients.

Group Counseling. In general, no one knows a drunk's "games" or an addicts' "rackets" like another drunk or addict. Therefore, there is considerable merit in conducting group counseling sessions wherever possible so that the counselor will receive the additional insight and counseling assistance from other seasoned users. It should be noted however, that the group can also function to reinforce drug use and self-defeating behaviors if the counselor is not alert to the strategies of individual members to gain support for their non-functional behavior.

The suggested overall approach to the group work is to lay out a very structured approach to the group sessions with each person agreeing to a previously developed contract before the group starts. Constant vigilance must then be maintained to encourage members to live up to their agreed upon behavior in the group.

The underlying premise(s) for changing these deeply ingrained behaviors is that the history of the client is not nearly so important as a deep awareness of what the person is doing right now to maintain the undesired behaviors. That is, it is relatively more important to know how a person is non-functional than why since insight strategies have been notable for their lack of success in modifying alcoholics' or addicts' behavior patterns. Dynamically there are four essential ingredients necessary for change to occur:

(1) Ownership of behavior by client must occur i.e. "my alcoholism is mine, my feelings are mine, my behavior is mine, my thoughts are mine and my life is mine." This attitude (or belief) is a pre-condition for change because a person simply will not do what is necessary to be different or feel differently as long as the locus of control of his/her life is perceived as external to self.

(2) The client must learn what he currently is doing to maintain the undesired behavior (use of drugs or alcohol) and what games he is playing with himself to keep the habit going. This is where help of other group members is a valuable adjunct to individual counseling since they can assist in identifying other members' deceptions even better than many counselors can.

(3) Counselor and group emotional support for desired behaviors. Someone needs to be available to provide strokes for appropriate behavior and to deny them when the person defeats himself.

(4) The client must face the myths of inadequacy or worthlessness which underlie the habitual behavior. These myths will be promoted by the client almost desperately and require the constant confrontation and refuting by the counselor and other group members. A typical myth could be "if I don't drink I could never face the stress of my job day in and day out because I lack the skill to do it well." Similar kinds of myths about competence, worth, beauty, etc. underlie all self-destructive behavior

(e.g., I am dumb or ugly, or incompetent, etc.).

Individual counseling would be emphasizing the same dynamics as are suggested above but without the support of the other group members being present.

Referrals

There are several kinds of treatment programs for alcoholics and/or drug abusers in most large communities. In general, it is very important for the counselor to be aware of the specific treatment modalities as well as who the people are to whom the client is going to be referred. For example, some so-called "free drug clinics" provide no real service other than information regarding where to get "clean" drugs and what to avoid on the streets. No real counseling or therapy is provided but rather short term assistance in withdrawing or "coming down." It is also true that alcoholic treatment programs run the gamut from a very sophisticated aversive conditioning approach to nothing more than detoxification centers. Being acquainted with both the services offered as well as the "style" of the staff will make matching up of appropriate referrrals much easier.

A Final Word About Drug and Alcohol Counseling

The following excerpt from an article by Brian Lewis catches up the state of the art of counseling with alcoholics.

"Studies show that counseling alcoholism is relatively new and fraught with foreboding. There are numerous definitions, theories, assumptions and techniques for the counselor to choose from, but all the available research shows that the recovery rate, regardless of institution or method, is appallingly low with the most successful approach being Alcoholics Anonymous. Although these facts may be gloomy, there is a silver lining in the cloud of mystery surrounding alcoholism. In the past thirty-five years the recovery rate for alcoholics has gone from approximately 1% to approximately 35%, a staggering increase. The National Center for Prevention and Control of Alcoholism (1968) identified one of the major future needs in the field of alcoholsim: intensive, controlled studies on the various types of treatment now being used should be conducted to measure their relative efficacy, and determine the type of patient for which each is most suitable. Professionals have learned and are learning from such organizations as Alcoholics Anonymous. Research at centers such as Rutgers School of Alcohol Studies and Utah State University is beginning to show in what direction counseling in this field should go. For example, Ottenberg's (1969) study showed that an eclectic approach to alcoholism therapy was the most successful way in a two-year study because the diverse talents of counselors from differing disciplines tapped a multitude of techniques that could be used as needed. Another point concerns basic counseling technique. Although the theories differed, the variables in the counseling interview were quite similar. Rapport, empathy, the counselor-client relationship, easing of internal and external sources of anxiety, and sobriety were primary goals. Further research may end such controversies as whether alcoholism is a behavior disorder or a disease;

is a symptom of underlying pathology or a disorder in its own right; and treatment of the internal man or control of the environment."

It seems safe to conclude that the counseling practices which are effective with a general client population will also be effective with drug and alcohol abusers. Major difference may emerge in the amount of emphasis that is placed upon specific self-destructive behaviors and upon the use of group counseling as a primary treatment modality.

Resources for Further Study

Reprints from the Do It Now Foundation, P.O. Box 5115, Phoenix, Arizona 85010, cover all of the major drugs currently available on the streets with factual data.

Alcohol and Drug Information Centers are located in every major city in the United States and have excellent literature available.

Please see Resource Section for further references.

Answers to Comprehension Checks

Comprehension Check #1

Oxidation in the liver.

Comprehension Check #2

No

Comprehension Check #3

1. T

Comprehension Check #4

1. T

Comprehension Check #5

1. T

Comprehension Check #6

1. T

Comprehension Check #7

1. F

Comprehension Check #8

1. T

Comprehension Check #9

1. T

Comprehension Check #10

1. F

Comprehension Check #11

1. F

Comprehension Check #12

1. T

Comprehension Check #13

1. T

Comprehension Check #14

1. T

INTERVIEWING SKILLS

INTERVIEWING SKILLS

Objective: To increase awareness of interviewing strategies.

Pretest

1. When the interviewer brings to surface the feelings behind the interviewee's message, it is an example of which lead:

    a. Restatement

    b. Clarification

    c. Reflection

    d. Interpreting

2. When an interviewer opens an interview which of the following leads might best be employed:

    a. Assurance

    b. Explanation

    c. Advice

    d. Suggestion

3. Which of the following does not present an obstacle to communication?

    a. Evaluating

    b. Clarifying

    c. Confirming

    d. Denying

4. The following is an example of what kind of question: "What do you think are the qualities of a 'good' employee?"

    a. Descriptive Question

    b. Opinion Question

c. Projective Question

d. Suppositional Question

True-False

_____ 5. The external reaction relates to the interviewer's thoughts and feelings.

_____ 6. Acceptance means condoning the actions and values of the individual.

_____ 7. Sympathy is understanding with the individual.

_____ 8. The interviewer does not have to know a solution for an intervieweee's problems.

_____ 9. During the exploration stage of the interview, the interviewer should have the interviewee state the problem situation.

_____ 10. Closed questions limit rapport.

Answers to Pretest

1. c

2. b

3. b

4. b

5. False

6. False

7. False

8. True

9. False

10. True

INTERVIEWING SKILLS

The Purpose of Interviewing

An interview is a purposeful conversation between people. The type of interview discussed here is when an interviewee seeks help from an interviewer. The interviewee is the central focus of the interview. The concern of the interviewer is how to best help the individual. The help occurs as the interviewee begins to recognize and discover the nature of his present situation and decides whether he chooses to change and in what directions.

William Banaka in his book, Training in Depth Interviewing, has cited two requirements to good depth interviewing. The first is an awareness of the objective and subjective factors that influence the way people relate to one another. The second is for the interviewer to understand his own ways of reacting internally and externally.

The internal reaction involves the underlying thoughts and feelings which precede the process of logic, gathering information, establishing a goal and finally determining the course of action. The external reaction relates to the way the interviewer manifests himself verbally as well as the nonverbal expressions and gestures. Therefore, in order to achieve the purpose of helping the other person in the interview process, we can assume that we need to be in touch with these personal characteristics of the interviewer.

Developing a Philosophy of Interviewing

The personal philosophy of the interviewer has an effect on the entire process. The importance of understanding our philosophy is that it enables us to change it when we feel inclined and believe it to be necessary for both our personal and professional development.

The experience between the interviewee and interviewer is one which can lead to meaningful change. This change involves learning as the interviewee takes away new information, new ideas, or more realistic feelings and attitudes. Alfred Benjamin in his book The Helping Interview defines the helping process to have three main areas: information, self-awareness and other awareness, and personal growth.

The interviewer can help the changes occur by demonstrating to the individual that he can be responsible for his actions, thoughts, and feelings. We can convey to him that we trust his ability and potential to develop and change and to decide when and how he wishes to change.

The interviewer becomes an active agent in the changing process by sharing with the interviewee what he sees and understands and how he perceives the interviewee's thinking and feeling. He places himself in a position to help the interviewee search for solutions and ways to change. By helping the person discover his own solutions, he helps him become a more autonomous individual.

Comprehension Check #1

What helps change occur in the interview process?

Acceptance is a concept which is central to a philosophy of helping another person. This means different things to each person. However, generally we think of acceptance in the helping interview as treating the person as an equal and having respect for their thoughts and feelings. It does not mean agreeing with or condoning all the actions or values of the individual but rather conveying an attitude that they have a right to their beliefs and feelings. If we try to return feedback about what we hear him say, free of our own distortions, we can help them feel accepted. This allows the individual to hear, examine, reflect, and modify whatever he likes.

Understanding the person in the helping relationship is an important aspect of the experience. It is essential to recognize that there are different ways of understanding and each will have a different effect on the individual. First, we can understand something about the person. I can know that they are a "good" student, or that they do not speak English fluently, or that they are married. This is a remote form of understanding, essentially it is seen through the eyes of others.

Secondly, I can understand the individual through my eyes. This means I understand him through my perceptions, my thinking, my knowledge and experiences. I understand him from my internal frame of reference. This of course implies that how I'm feeling, including all that is being processed inside of me, colors my understanding.

Third, there is the way to understand the person which is most meaningful and that is to understand with him. This means leaving my internal frame of reference and trying to feel and think and see the world as he does.

In the process of understanding another person genuine listening is an indispensible skill. Listening means leaving out thoughts which may be preoccupying us and hearing what is being said. It means becoming aware of the voice tone, gestures, and expressions. It means hearing those things which may be held back or lie beneath the surface. This means we listen with understanding.

A potential problem which may develop in the listening process is that the interviewer may find that he becomes absorbed in the interviewee's internal frame of reference. While trying to understand, it remains essential to remain yourself. We may then acquire an insight into the situation which will facilitate a new understanding.

Benjamin (p. 48) suggests we listen with understanding to some or all of the following:

1. How the interviewee thinks and feels about himself; how he perceives himself
2. What he thinks and feels about others, especially significant others and people in general
3. How he thinks others relate to him and how they feel about him
4. How he thinks about the topics he and the interviewer discuss
5. What are his goals and aspirations?
6. What are his defense mechanisms?
7. What coping mechanisms does he use?
8. What are his values?

Empathy is similar to understanding with the person. It is seeing the world "as if" you were the individual yet still not losing sight of yourself. The interviewer explores the other's world to help the person come closer to be himself. While the interviewer temporarily abandons his own life space to feel and think with the other, it is only when he returns to his own life space that he can help. He can now share his perceptions he felt while being with the individual. Empathy is not sympathy. Sympathy, sharing common feelings and interests, is important at times but is separate from empathy.

Comprehension Check #2

How are empathy and understanding similar?

In conclusion, we want to take to an interview a feeling of our humanness. If we can be open and not hold back, we will encourage him to discover himself more fully. We must be sincere, genuine and congruent with what we say and do. We must convey to the individual that we are sensitive and aware by behaving in a way that he sees as well as hears who we are. By being spontaneous and free we may not reach perfection but we will approach our own essence and help the other person to come in touch with his humanness.

Interview Conditions

The external as well as the internal atmosphere created before the interviewee arrives is significant. The external space should be quiet and non-threatening and free of interruptions. Our internal space ought to have a feeling that we wish to help this person at this moment and that nothing else is more important. We may not realize this fully but reaching towards this goal gives the interviewee a feeling that we are doing our best in this direction. It furthur conveys that we respect him as a person.

We communicate this atmospheric feeling in subtle ways such as facial expression, body gestures, and tone of voice. Knowing, liking, and being comfortable with ourselves will have a definite significance on how well we communicate with the other person.

Trusting our ideas and perceptions will facilitate the helping process. We ought to listen to our own ideas and feelings as well as listen closely to the interviewee and then decide when it is appropriate to express our perceptions to him. If we communicate these ideas as our own and not make them binding on the interviewee, we may help him move to a new level of understanding.

Being honest with the interviewee is a condition which is necessary to the process. This may become evident when at times we tell the person we were not completely listening and perhaps he may wish to restate an idea. This is more facilitative than responding unclearly or ignoring the point and going on to another issue. Honesty also becomes necessary when at times we must tell the interviewee that we do not have a solution to his difficulty. If we have self-acceptance, we do not have the need to appear all-knowing at all times.

In conclusion, we need to understand our own life space and not confuse it with the life space of the interviewee. By doing this, we will allow the individual the freedom to explore their space with our help and not our hindrance.

Comprehension Check #3

What are the factors that are a part of the interviewer's internal space?

Stages of the Interview

The opening of an interview may find the interviewer struggling for a beginning remark. Phrases like "may I help you?" or "what is your problem you wish to discuss?" ought to be avoided. In the first instance the phrase sounds routine to many daily encounters and in the second the word "problem" is heavily loaded. Generally, the individual has come because they want to and if we do not get in the way they will begin to talk. If the interviewer initiated the interview, then he should simply and briefly state the reason for the meeting and allow the interviewee an opportunity to respond. In this way, we will discover if he or she has understood the purpose and we will begin to explore ideas and feelings.

The first stage of the interview is the initiation phase. This is a statement of the condition or situation and generally ends when both understand what is to be discussed. It may happen that as the interview procedes the interviewee will begin to feel more comfortable and will allow himself to discuss the real concern. This may partly or entirely change the focus of the interview.

Example: A man may come to see you to discuss looking for a job. While exploring employment opportunities, you may learn that he actually wants further education but is uncertain about how to begin the process. The need for the job may have only been an excuse to discuss his real desire.

The second stage is exploration. As this phase develops it is helpful to consider the following questions: Was the discussion developed in such a way to allow the individual an opportunity to look at what he sees and express it or did he see it through someone else's eyes? Did he discover and uncover his own thoughts and feelings or merely say what he thought someone else wanted him to say? Did your attitude allow him to explore his life space unhampered by external influences? An interviewee may make a statement with which you strongly disagree. Do you help them explore their feelings regarding it or become involved and tell them how they should feel? In essence, did you help the interviewee move close to themself and gain an understanding of their own internal frame of reference in their own way or did you lead them in the direction you wanted them to go?

Finally, the closing stage is often a difficult time especially if the interviewee is involved and does not realize the time to close is approaching. At this point, the interviewer might remark that the time is near. No new material should be discussed. The interviewer may wish to acknowledge those points that were mentioned but not explored and suggest that they could be discussed in the next interview. A brief concluding statement which essentially restates the way you both agreed to deal with the matter may be helpful. A different approach may be to ask the interviewee to summarize what he understood during the interview. With patience and practice everyone will develop a comfortable style of closing the interview.

Questioning Strategies

Before asking a question of any type the interviewer might consider if the question they are going to ask will be helpful to the person. Often there is an underlying assumption on the part of the interviewee that if the interviewer asks questions he will then have a solution. If this is a position which the interviewer finds uncomfortable, then he has the obligation to consider the usage of questions and certainly how they are phrased.

An open question allows the interviewee to explore the full scope; it solicits views, feelings, thoughts, and opinions. It may have the effect of enhancing rapport between the interviewer and interviewee.

Closed questions tend to solicit short answers. They do not provide an opportunity to explore ideas and usually limit the rapport. This often results in frustration for both people.

Example: What are your thoughts and feelings about going to college? You want to go to college, don't you?

Some questions appear double closed. That is, there is hardly an alternative way to phrase the question. Example: It's obvious you should have come home earlier isn't it? Another type of closed question frequently brings feelings of anger or displeasure from the interviewee. Example: You really didn't mean to do that, did you? This will prevent a growth process during the sessions. This kind of question may come inadvertently but is frequently used.

Another combination is the direct vs. indirect question. The direct question comes in the form of a query in which an answer is required. The indirect question appears as a statement yet at the same time leaves an opening for an answer. Example: How do you feel about your new job? I'd like to hear about your new job.

A multiple choice question is frequently used and the implications of it needs to be considered. First, it often results in limiting choice. Example: Do you want to work in an office or a department store? What happens to the alternatives? The question might be improved by asking "where would you like to work?" Another way of phrasing the question which covers limitations might be, "I have positions open in an office or a department store, do either of these appeal to you?" Double questions can often lead to confusion as the individual answering may have difficulty deciding which part of the question to respond to. One of the two parts of the question may be in contrast to the other so that each needs to be explored separately. In order to achieve a single meaningful reply, the double question ought to be stated separately.

Some commonly used interviewer questioning strategies include the following:

1. Fact Question - where were you born?
2. Opinion Question - what do you think causes student unrest?
3. Descriptive Question - tell me about your family.
4. Feeling Question - how are you feeling now?
5. Uninformed leading - you like your job, don't you?
6. Informed leading - you are now the assistant manager, aren't you?
7. Suppositional - how do you think you will react if your friend moves out?

8. Projective - seeks information about the interviewee by asking how they feel about someone else.
9. Cross-examine - repeats essentially the same question just answered.
10. Clarification - restates the previous question which implies lack of understanding of the answer.

The interviewee also has questions. Not every question demands an answer but should receive listening and some response. The questions may be a way for the interviewee to express themself in an indirect approach. The questions usually cover areas of interest about themself, others, the interviewer, or to seek information. Occasionally the latter is a safe way of asking something which they feel uncomfortable stating directly. The point is that often it is the message underlying the question which needs attention and a sensitive response.

The interviewer ought to avoid the use of the word "why". "Why" has a negative connotation with many people which relates back to childhood and often implies that they did "something wrong". It causes defensiveness and frequently solicits no more of an answer than "because". Why didn't you do your homework? Why didn't you make the bed? Why were you late? The word has quite clearly lost its usefulness. When asking "why" to understand behavior and motivation the individual often does not know the answer and may be confused themself as to why the behavior occurred. The overall result of asking "why" is it tends to close communication.

Try to rephrase the question in order to solicit an answer which produces clarification and understanding. Example: "I've noticed you haven't turned in your homework. I'm wondering if you need help? I would be glad to discuss it with you."

For questions to be effective they should be broad and open, asked singularly and stated clearly. The important task is to listen carefully to the answer for every question you choose to ask.

Comprehension Check #4

How should questions be used in the interview process?

Communication Problems

The goal of interviewing is to help the communication process so that the interviewee may reach a more clear understanding of themselves in order to make decisions. The interviewer seeks to utilize those skills and techniques which will facilitate this process. However, there are obstacles that arise which can impede the communication.

One goal of communication during the interview is to explore personal values. The interviewer needs to have a fairly clear view of his values and not have a need to impose them on others if he is to help the other person clarify theirs.

The values system is a part of the changing person and may undergo change also. Thus, it is important to establish an openness that allows the individual to discover and perhaps change some values without becoming defensive about them. The interviewee needs to feel that he can own his values and not try to adjust them to the interviewer's.

If the interviewer gives the impression he doesn't want to hear something, then the interviewee will be withholding communication. If the interviewer can be non-defensive and be as genuine as possible, then hopefully the interviewee will also respond nondefensively.

In the process of evaluating, confirming, or denying, we present a major block to communication. Suppose the interviewee has just related a situation in which he felt uncomfortable and perhaps believes he handled awkwardly. The interviewer might make an evaluative response like, "Oh, that really wasn't so bad." This blocks the interviewee from discovering the source of his discomfort and learning new ways to act. Often the interviewer wishes to help the interviewee feel acceptance and may be over-eager to confirm a feeling or statement. As an example the interviewee may have mentioned going to a movie that he particularly enjoyed. The interviewer might quickly agree that he had really liked it also. The interviewee has lost the opportunity to explain what it was about the movie that had been meaningful to him and thus explore something about himself. Denying works in a similar way to confirming. It blocks communication, discovery, and learning and only drives the interviewee further into themself. The interviewer can offer his perceptions after the interviewee has thoroughly explored the topic. The interviewer can reveal himself as he relates to the topic without evaluating the position of the interviewee.

Comprehension Check #5

How can the interviewer acknowledge the interviewee's value system?

Another problem can arise when the interviewer finds himself in a position of being all wise, all powerful or possessing all the answers. He needs to be aware of this type of defense. It is possible that the interviewee may attempt to place the interviewer in this position. This trap is one to be avoided as it removes the choice and responsibility from the individual as well as limits his equality and dignity as a human being.

As an interviewer we do not necessarily have the "right" answers nor do we always draw the correct conclusions. If the interviewer feels threatened by the fact the interviewee does not like an answer or solution offered, then it is a good indication that he uses his authority as a defense. The challenge for the communication process is to be flexible and attain the ability to look at the entire scope. A goal of the interview is to help the interviewee with a decision but not make it for him.

The usage of tests and diagnoses ought to be carefully weighed and at best not used to replace open, honest communication. While there are more tests than ever on the market, they are in the experimental stage and few can be relied upon to be conclusive. Related to the experimental stage of testing is the problem that two qualified professionals may not interpret them the same.

The interviewer must keep the interviewee as the focus of the helping relationship. Diagnosis and testing may impede the interview if it is allowed to become the central source of information about the individual.

Obstacles such as defenses may not be entirely eliminated from the interview but hopefully through awareness it can be greatly reduced. Benjamin (Chapter 6) lists five ways to lessen communication problems. The first is the amount of talk on the part of the interviewer. Too much talking sets the interviewer up as an authority and it often becomes more of a lecture. You may be in touch with your internal frame of reference but will not be allowing the interviewee an opportunity to discover their internal frame of reference.

Awkward silences and too little talking is also a message that communication is not occurring. The key to a small amount of interviewer talk is whether that which is said stimulates the interviewee to release their ideas and feelings. While talking is an indicator in the communication process, it must be looked at in relationship to all the other variables that compose communication.

Secondly, practicing the art of not interrupting others will go a long way to reduce communication problems. A common mistake of the interviewer's is to interrupt as soon as they have the idea of what the interviewee is saying. They may feel that they are demonstrating the ability to understand quickly but instead they prevent the individual from the opportunity to achieve self-understanding as they relate their thoughts and feelings.

Third, the interviewer's responses can set up an obstacle unless they are clear and respond to the interviewee's needs.

Fourth are the forces which pull in different directions and the many facets inherent in any particular problem. Here it is important to help the interviewee consider as many alternatives as possible and explore all the directions before deciding a course of action.

Fifth, by hearing the interviewee and understanding the feelings accompanying the words the interviewer will show minimum obstacles to communication. One method to test this is to occasionally try to recapture the interviewee's message you heard including the feelings you perceived and restate it to him. If the interviewee responds affirmatively to your understanding them you may assume that you are hearing the message they tried to convey and demonstrate that you are receptive to their ideas and feelings.

Self-preoccupation by the interviewer is an obstacle to communication. The interviewer may be so concerned with planning what to say or do next that he does not hear the interviewee. If this is the case, then it indicates the interviewer is more concerned about himself and making a good impression than he is concerned for the client. If the interviewer is listening and understanding the interviewee, there will frequently be a short pause at the end of the interaction. This spontaneity may well serve as a model to the interviewee.

Comprehension Check #6

What are some obstacles to communication?

The interviewee frequently asks for specific information. In general, if it is knowledge the interviewer possesses and the interviewee does not have access to, then a straight answer is appropriate. At other times the interviewer may wish to have the interviewee rely on their own resourcefulness and will encourage them to find the information. If the interviewer does not know the information requested, then it is best to tell the interviewee and either volunteer to obtain it, or suggest where the information could be located.

Responses and Leads

Benjamin has noted that it is often difficult to delineate between a response and a lead. A response may become a lead to further discussion and a lead may be interpreted as a response. A response is a reaction to expressed ideas and feelings from the interviewee. A lead places the interviewer in control and expresses his ideas and feelings to be reacted to by the interviewee. Each person will eventually develop their own style and while responses and leads are limitless many interviewers become comfortable with a number of them.

Leads and responses can be classified in a range from non-directive to directive. Interviewee-centered responses and leads bring the interviewer closer to the life space of the interviewee and are less likely to place the interviewer's values and biases on the interviewee.

Comprehensive Check #7

What is the difference between a response and a lead?

Leads

Silence. Silence can be a non-verbal response. Coupled with a gesture it can convey that you are with the interviewee and encourage them to continue. It can imply that the area being discussed is finished. If it is not allowed to continue indefinitely, it can be an important time to allow the person to sort out his thoughts and feelings. A long silence might be followed with a remark like, "I have a feeling that there is a lot going on within you, would you like to share some of it with me?"

Mm-hm. This response is most frequently used to indicate to the interviewee to continue and let them know they are being heard. However, it is possible that Mm-hm could also imply criticism. It is a response that should be monitored until the interviewer is aware of how he uses it.

Restatement. This is a verbal response which is used to let the interviewee hear what he has said. In general, the interviewer tries not to elaborate on the message or at least does so to a minimal degree. It is a way for the interviewer to check out whether he has heard the interviewee accurately and at the same time demonstrate that he is listening. The interviewer may restate all or part of the communication and may use the identical wording or slightly different.

Clarification. The interviewer may try to clarify what the interviewee has expressed by stating it in more simple terms. The interviewee responds to let the interviewer know if this has made the meaning more clear or increased his understanding of the idea or feeling. The technique is also used to clarify the interviewee's message when it seems confused or he has had difficulty expressing himself.

Reflection. Reflecting involves bringing to surface the feelings behind the interviewee's message. This requires empathic listening. In a way, in reflecting, the interviewer is expressing the things which the interviewee finds difficult or uncomfortable to say. The interviewer responds to the feeling tone of the interviewee which allows the latter to get in touch with his feelings.

Interpretation. In the above responses the interviewer's frame of reference is minimal. During interpretation the interviewer speaks either from his internal frame of reference or that of the interviewee. This moves towards a more directive response and has the danger of the interviewer placing the interviewee in an audience role. As the interviewer interprets he usually expects a response which means the interpretations can become leads.

Explanations. An explanation is a descriptive statement generally made with a neutral tone. It is used in one of four ways: orientation to the interview, to explain behavior or causes, or to describe the interviewer's position. It states how things are, and while it often sounds impersonal it may serve to interject logic into the interview. In order to determine if the explanation was understood the interviewer may desire to have the interviewee respond in some way to ascertain how he heard it.

Assurance-Reassurance. Using assurance or reassurance is an external influence which communicates the interviewer's belief and trust in the interviewee that he is capable of overcoming the distressing situation.

The interviewer ought to use caution that he does not become overly assuring and not hear the response or concern which the interviewee may return.

Suggestion. A mild form of advice is the suggestion. The interviewer may offer it as his opinion and leave the interviewee free to accept, refuse, or offer an idea of his own.

Comprehension Check #8

What is the advantage of interviewee-centered leads?

Interviewer-Centered Leads and Responses

Encouragement. An integral factor in nearly every interview is encouragement. Like empathy, it may not be verbalized but its presence is felt. Encouragement lets the person know the interviewer cares. However, there are some concerns about encouragement that the interviewer ought to consider. In conveying to the interviewee that we will support them until they can support themself, we imply they are weak. Do we encourage them that in time things will improve? Or at the moment does that only serve to discourage them? As a lead, encouragement, as well as other leads, has a tendency to pressure the interviewee from our frame of reference and if the interviewer is seen as a superior or authority figure the interviewee may give too much emphasis to the encouragement and lose touch with their internal point of view.

Advice. Advice is telling another person how to behave. At times we give advice in what we judge to be the best interest of the interviewee particularly in time of crisis. The interviewer needs to be aware if his advice giving is a need to dominate. Often the advice may be solicited by the interviewee and can even become a game. When the interviewer is asked for advice, he can help the interviewee define what he is seeking. Example: "What are the alternatives you have considered?" "Have you discussed this with others?" In other words gather all the thoughts and feelings and at the end of this they may reach a decision. Advice giving can become a philosophical issue with an interviewer. He may believe that morally, or professionally he cannot give advice. If this is his position, he can state that to the interviewee and continue to explore alternatives to the problem. The interviewee may see himself as unable to make decisions and thus, advice giving could lead to dependence. The interviewer can encourage the individual that even if he feels unable to make a decision that in the interviewer's perception he does not see him that way. Often it is easier or more expedient to give advice than become deeply involved. This has several potential problems such as, does the interviewer know enough about the individual or the situation to give advice, or is it the right time to do so. Finally, if advice is given, then the interviewer should meet with the interviewee to follow-up on the effectiveness and outcome of the advice.

Urging. Urging is a form of persuasion. It prods the interviewee not to evade a situation from which the interviewer believes they may otherwise try to escape. The urging is a way of supporting the individual. Urging often follows advice giving and here it ought to be used with reservation. The interviewer may assume the interviewee has accepted the advice and feels the need to urge him to carry it out. This not only invades the interviewee's life space but also does not imply trust that he will act for himself. The point is, the interviewer needs to review the effect of the urging and determine if the results appear to be positive or is he backing the interviewee against the wall?

Moralizing. Moralizing includes both advising and persuading and adds the ingredient of the conscience. The standards for conscience are based on the interviewer's morals, the interviewee's and social norms. The latter are often imposed making the interviewee feel they cannot be questioned.

Authority Based Leads and Responses

If the interviewee is the center of focus, then the interviewer helps him understand and work with the ideas and feelings which will move him towards his desired goal. The responsibility is centered on the interviewee.

As the interviewer moves towards the center of focus he accepts responsibility for the outcomes and assumes the role of a "superior". He may listen to the interviewee but know that eventually he will make the decision for the course of action. He will then instruct, direct, or guide the interviewee to follow this course. The following are some leads which are authority based.

Agreement-Disagreement. In using this technique the interviewer points out when the interviewee is right or wrong. This often relies heavily on the interviewer's frame of reference and experiences.

Approval-Disapproval. This implies a value judgement of goodness or badness of the interviewee's behavior, goals, attitudes, etc.

Disbelief. This assumes the interviewee's perceptions are incorrect or distorted. The interviewer informs the interviewee that he can evaluate the situation better and the interviewee would do well to follow him.

Comprehension Check #9

What is the danger of authority centered leads and responses?

Summary

The interviewer's behavior does make a difference. Each lead or response, verbal or non-verbal communicates something about the interviewer to the interviewee and effects his self-worth, thoughts, feelings, and responses.

The interviewer will grow by becoming aware of his personal characteristics and his most frequently used communication techniques. As he develops a philosophy and modifies his techniques, he will improve the interview relationship and find himself able to assist a wider and wider range of clients.

Resources for Further Study

Banaka, William. Training in Depth Interviewing, Harper and Row, 1971.

Benjamin, Alfred. The Helping Interview, Houghton Mifflin Co., 1969.

Bessell, Robert. Interviewing and Counseling, B. T. Batsford Ltd., 1971.

Answers to Comprehension Checks

1. When the interviewee discovers that he can own his actions, thoughts, and feelings and is free to be different in ways he desires.

2. Empathy is communication of understanding through the eyes of the interviewee.

3. The values, attitudes, and beliefs which the interviewer brings to the interview.

4. As a way of obtaining information not otherwise available. This should be broad, open, and clearly stated.

5. By allowing values to be fully expressed without evaluation of their "rightness" or "wrongness."

6. Inflexibility, lack of spontaneity, dishonesty, judgmentalness, advice-giving, interviewer defenses.

7. A response is a reaction to what the interviewee has said, a lead provides direction for response from the interviewee.

8. Freedom for the interviewee to accept or reject the interviewers input.

9. The interviewee loses freedom to be responsible for own life.

PSYCHOLOGICAL ASSESSMENT

PSYCHOLOGICAL ASSESSMENT

Objective: To understand the measurement functions of the major appraisal domains.

Pretest

1. Achievement tests are used primarily to:

   a. Assess an individual's general intellectual capability

   b. Identify specific educational and/or study difficulties

   c. Measure emotional, motivational, interpersonal and attitudinal characteristics of persons

   d. Assess knowledge, understanding and skills of an individual at a given point in time

   e. b and d

2. Standardized achievement tests are often used:

   a. For sectioning students and identifying those who appear exceptionally advanced or retarded so that individual attention may be given to their special needs

   b. To compare the status of individuals or groups with that of defined norm groups

   c. To predict performance in a subsequent course in the same subject matter field or in a closely related field

   d. To provide data for research studies

   e. All of the above

3. A basic ability or combination of basic abilities that is used to predict performance in a given task is called:

   a. Intelligence

   b. An aptitude

   c. Achievement

d. Reasoning ability

4. General intelligence tests scores

a. Should only be used for grouping students for instruction

b. Generally describe the case and accuracy with which an individual perceives facts and ideas, recalls them, and draws inferences and conclusions from them

c. Can be improved by concentrated learning and retesting

d. Should be used to predict success in a given field

5. Interest tests

a. Ask for opinions, feelings or preferences and should be used for the purpose of admittance, promotion or employment

b. Can be faked by an individual to inflate his scores so as to make a more favorable impression

c. Are generally useless to an individual because he knows what his interests are without having to be tested

d. Should not be used by counselors to evaluate an examinee's educational and vocational plans

6. Which of the following statements is true of personality tests:

a. Two kinds of strategy used in personality testing are substituting reported behavior for observed behavior and using ambiguous stimuli such as ink blots or pictures

b. Asking individuals to answer questions about their behavior and feelings in life situations is the most effective measure of personality because individuals know themselves best and are always aware of their motives and emotional characteristics

c. It is impossible to fake scores on personality tests

d. In devising personality tests it has been relatively easy to obtain criterion measures from life by comparing normal individuals' responses to those of neurotic or psychotic individuals

7. Aptitude tests are most accurate in predicting:

   a. Qualities such as motivation and perseverance

   b. Performance in high school and college courses

   c. Abstract reasoning abilities

   d. Occupational success

Answers to Pretest

1. e
2. e
3. b
4. b
5. b
6. a
7. b

Achievement Tests

The primary purpose of achievement tests is to measure an individual's knowledge, understanding and skills at a specific point in time. Achievement tests can be either criterion-referenced (such as teacher-made tests for specific subject matter), or norm-referenced (such as standardized tests administered to a large population). Generally speaking, these tests can be predictive in nature although usually evaluative in purpose; they can be categorized as either survey tests or diagnostic tests.

Survey tests are intended to measure the full range of a specific subject matter field; they are designed to examine actual learning and can generally be answered only if certain key facts have been learned or specific understandings or skills have been developed. Comprehension is often measured by this type of test by asking questions pertaining to a passage taken from a textbook or other source in the subject matter field being tested.

Diagnostic tests are intended to determine an individual's relative strengths and weaknesses in certain skills, understandings or knowledge in a specific field.

Basically, achievement tests are used for the purposes of assessing learning, predicting future achievement, diagnosing individual difficulties in learning, and, generally, for maximizing the efficiency of the learning process for each individual.

Criterion-referenced tests are often used at the beginning of a learning period to determine individual levels among the learners. One advantage of this type of test is that it can prevent instruction of material already learned and provide a means of illustrating the objectives of learning. Furthermore, criterion-based tests are helpful in grouping learners according to individual needs as well as assessing learning at periodical intervals to determine what has or has not been learned. Criterion-based tests can be administered at the end of a learning period and to assess possible causes of failure, hopefully being able to prevent recurrence of these factors.

Norm-referenced tests (usually referred to as standardized tests, although criterion-referenced tests also can be standardized) are used for comparison of achievement levels of individuals with those of defined norm groups (for example, to compare the status of students transferring from one school or teacher to another). Further uses of this type of test include the following:

a. Sectioning grade groups into classes for homogeneous grouping, which is helpful in preventing labeling of students (as "bright" or "dull") or encouragement of the so-called "self-fulfilling prophecy."

b. Identifying exceptionally capable and exceptionally low-achieving students, enabling teachers to further individualize instruction.

c. Determining final status of individuals or groups with that of defined norm groups.

d. Predicting performance in subsequent course(s) in same or closely related subject matter field. (Widely used for selection purposes by specialized schools, colleges and universities.)

e. Assessing changes in level of achievement with regard to specific objectives of a learning period.

f. Identifying underachievement and overachievement.

g. Useful for research investigating educational processes.

Especially important to consider is the content validity of achievement tests, to determine whether the tests are actually measuring what they are intended to measure. It should also be emphasized that achievement tests alone should not be used for selection purposes; counselors should be careful not to place too much value on test results comparing an individual to a norm group.

Achievement tests can be useful tools for manpower and community college counselors when used in conjunction with other information as part of the counseling process. They can be used to measure reading ability, comprehension and understanding, the results of which can be helpful in placing clients in appropriate refresher or college courses. Some training programs may require certain levels of achievement; clients can be tested, tutored in specific weaknesses and retested if necessary. Although most colleges predict academic success on the basis of standardized test scores, counselors should be careful not to predict academic failure on the basis of achievement tests alone.

Problem. Jose is a Mexican-American, 45 years old, who received his GED when he was 32. He would like to take some courses at a community college and perhaps eventually transfer to a four-year college and get a B. A. His counselor suggests he take an achievement test prior to enrolling him in classes. What might the benefits be of administering this type of test?

Answer

- Assess his English language reading and comprehension levels
- Determine amount of learning (having been away from school for many years, he may need refresher courses prior to enrolling him in college level classes)
- Placement in appropriate courses
- Use in predicting overall academic success

Summary. Achievement tests are intended to assess any examinee's knowledge, understandings and skills at a given point in time. They can be either criterion or norm referenced and are of diagnostic and predictive value when used in conjunction with other data pertaining to each individual client. Results of achievement tests should be used primarily to increase learning efficiency.

General Intelligence and Aptitude Tests

Extensive research over a period of many years suggests that a large number of separate mental abilities are required to account for human intelligence. Intellectual activities can be generally explained in terms of five types of ability applied in three major fields. The five types of ability are perception, memory, reasoning, ideational fluency and visualization. The three major fields are verbal, numerical and spatial in character.

Figure 1

15 Important Abilities Underlying Intellectual Activity

	Speed and Accuracy of Perception	Memory	Reasoning	Ideational Fluency*	Visualization
Verbal	Pv	Mv	Rv	Iv	Vv
Numerical	Pn	Mn	Rn	In	Vn
Spatial	Ps	Ms	Rs	Is	Vs

*Often designated as Creativity

Each block in Figure 1 represents a distinguishable mental ability. Research indicates that there are substantial intercorrelations among all 15 abilities perhaps traceable to the presence of a general mental ability which might underlie all of them.

In addition to these basic 15 abilities, other mental traits such as speed of mental operation, speed and accuracy of sensory motor response affect performance on intellectual tasks. Many psychologists conceive of general intelligence as a weighted combination of abilities drawn primarily from the 15 abilities in Figure 1.

Broadly speaking, then, general intelligence is a combination of mental skills displayed by the ease and accuracy with which an individual perceives facts and ideas, recalls them, draws inferences and conclusions from them, and finally, benefits through learning and understanding them.

Aptitude. A basic ability or combination of basic abilities that is used to preduct performance in a specific skill or task is called an aptitude. The difference between tests of basic ability and tests of aptitude is one of function. For example, a vocabulary test is a test of basic ability for remembering meanings of words when measuring general intelligence, but it is a test of scholastic aptitude when used to predict performance in academic work.

Aptitude tests measure a combination of innate capacities and skills acquired through environmental stimulation. Generally speaking, individuals with high native aptitude learn more than others from their environment and thus tend to score higher on aptitude tests in spite of considerable variations in their environments. Conversely, individuals with low native aptitude tend to learn less from their environments and thus tend to score lower on aptitude tests.

To describe a test as an "aptitude test" defines its purpose--not its content. The utility of any aptitude test is indicated by its predictive validity coefficients, the number of which can vary according to variables serving as criteria.

Intelligence tests often are used for the following purposes:

- To estimate the innate capacity of individuals
- To group students into somewhat homogenous sections for instructional purposes (although achievement tests have been found to be better predictors)

- To select students for admission to specific courses of study on educational institutions (achievement tests--better)
- To assist the courts in deciding whether an individual should be judged "incompetent" (in conjunction with an intensive case study)

It should be added here that there is no conclusive evidence that intelligence tests satisfactorily measure innate abilities of practical significance without regard to environmental influences. A skilled test interpreter can, however, draw some valid inferences about an individual's innate mental abilities when using intelligence test scores as part of an extensive case study (which would include data such as medical and developmental history, family backgrounds and relationships, social and educational history, and scores on various types of ability and achievement tests). Generally speaking, intelligence tests are of very limited utility: achievement tests or tests of more specialized basic abilities usually serve more valid measurement functions.

Problem. A man, 28 years old, who has been a roofer for 10 years, has recently sustained a back injury which prohibits him from continuing in this occupation. He has come to the employment service to seek employment in another field but does not know what he is good at and his interests are rather vaguely defined. You are the employment counselor. What would you suggest? Why?

Answer. One suggestion might be to administer an aptitude test which measures general aptitude in different areas and which would be useful in predicting success in a multitude of occupations. This could be administered along with an interest check list, which would help in correlating this man's aptitude with his abilities, thus providing a realistic framework for employability.

Summary. In assessing a person's innate capacity and environmental influences, aptitude and intelligence tests are useful when regarded as predictors and not as limiting or categorizing factors. Generally speaking, intelligence tests are of less value than aptitude tests in terms of predictive validity, and are seldom used with manpower trainees.

Personality Tests

In order to overcome the problem of not being able to measure personality traits by creating and observing actual samples of an individual's behavior, personality tests have adopted two kinds of strategy:

a. Reported behavior is substituted for observed behavior

b. Reactions to ambiguous stimuli (such as ink blots or pictures) are regarded as reflections of an individual's personality (projective techniques)

An example of using reported behavior is to measure "self-control" and ask 10 questions having to do with holding one's temper under provocation. It is assumed that the person who answers "yes" to nine of them has more self-control than one who says "yes" to only five.

This method of relying on an individual's answers concerning his own behavior and feelings can prove to be invalid if, for one reason or another, the person being tested does not tell the truth about himself. For example, it is quite possible for a fearful person to give 'brave" answers to questions about his reactions to danger. If personality test scores are used to determine a person's suitability for employment or college, clients will be tempted to answer untruthfully to make a "good" impression. In instances such as wanting to evade the draft, military psychologists have found people to fake "bad" responses in order to be disqualified on the basis of personality deficiencies.

Psychologists have devised methods of discovering whether answers are faked, however, by including answers in the test that sound like "good" or "right" answers but which experience has shown are very seldom chosen by honest respondents.

Another problem in obtaining valid responses on personality tests occurs when a person is truly unable to describe his own real motives and emotional characteristics. For example, a person with strong dependent needs often sees himself as aggressive and self-reliant; or a woman with strong underlying feelings of hostility in her relations with her family may perceive herself as gentle and self-sacrificing.

Furthermore, many persons, when taking personality tests, have a tendency to choose responses that reflect what is considered to be the "right" way of acting or feeling, based on social desirability.

Evaluating the validity of personality tests is a difficult task in itself because of the lack of unambiguous criterion measures obtainable from life. One method of investigating validity is to compare defined groups of people singled out by society on the basis of some trait, such as extreme neurosis or psychosis.

Recent research in this area has resulted in personality tests being devised to provide scores on separate traits rather than simply measuring overall "adjustability." The Minnesota Multiphasic Personality Inventory (MMPI), for example, started out with nine scales intended to identify various specific psychiatric problem areas. Since then, other scales have been added to measure such non-psychiatric variables as social introversion. The Edwards Personal Preference Schedule (EPPS) measures 15 kinds of personality needs, such as the need for order or the need for affiliation. The California Psychological Inventory (CPI) measures 18 different traits based on responses to "folk concepts" rather than concepts based on personality theory or psychiatric classifications. Examples of these traits are: Measures of Poise, Self-Assurance, Self-Acceptance, Responsibility, Tolerance, Self-Control, Flexibility, etc.

Projective or self-expressive methods of personality testing involve asking the examiner to react to some ambiguous stimulus (such as an inkblot or picture) according to the way he perceives it at that time. He is asked to "project" into the picture his own emotional attitudes and ideas about life. The most popular test of this kind is the Rorschach Test, which consists of a set of 10 inkblots of various shapes, which the examinee is asked to look at and describe what he sees in each one. Most scoring systems for the Rorschach test are based on the individual's responses to the structure and content of the inkblot as well as the originality of the response.

Interpretation of the Rorschach test is extremely complex and results cannot be validated. Test interpreters must be especially trained and practiced in the necessary skills. This test should be used along with other techniques for assessing personality, such as interviews and extensive background information, in order for it to be at all valid in measuring personality characteristics. This sort of test would never be used by a manpower counselor but rather by a trained psychologist.

Generally speaking, personality assessment is not highly predictable and should not be interpreted as such. Frequently a person's behavior will change, depending on the situation he is in; for example, he may reveal one sort of "personality" when talking to his supervisor and quite a different one when talking to his spouse.

Problem. You are a counselor in a school for disadvantaged youth. You are especially concerned about a young man, 18 years old, who appears to be calm and self-controlled, but you have heard several reports from students living with him that he has a tendency to break out in uncontrollable rage when provoked by certain people. This has only happened twice, but you are concerned about possible underlying hostility, and you decide to give him a personality test. What might the results of this test indicate?

Answer. Depending on which test is chosen, it can indicate specific adjustment problems and/or psychiatric difficulties (MMPI) or specific personality needs (EPPS) which might help the counselor in determining the cause for these occasional outbreaks. This, in turn, might be helpful in counseling this individual regarding his basic feelings of self-worth and acceptance. However, these tests should be used only by counselors or therapists who have received thorough schooling in their use, otherwise more harm than help would be likely to occur.

Summary. Personality assessment techniques contribute to our understanding of people--and should not be expected to do more than this. They are generally not predictive in nature and should not be used for selection purposes, i.e., to determine admission or employment.

Interest Tests

In order to assess an individual's interests, data is generally compiled as to the extent to which he engages, has engaged, or would like to engage in various activities. Information about the activities in which an individual has taken part can be obtained by a biographical data bank, which should deal with verifiable facts and events and should be relevant to a criterion variable which it is intended to predict.

Questionnaires that ask for opinions, feelings or preferences should not be used to assess interests, attitudes or personality traits in any competitive situation (such as for admission to college, employment or promotion) which could tempt an examinee to respond untruthfully in order to give a "good" impression.

The three types of tests used in measuring an individual's interest are:

a. Biographical data blanks, designed to obtain information about an individual's background and active participation in past activities.

b. Differential interests tests, which measure the amount of knowledge an individual has in different fields of interest, the pattern of which is likely to indicate basic preferences. (This is based on the fact that we tend to remember material that interests us and forget that which does not.)

c. Interest inventories and questionnaires, intended to compile an individual's expressed preferences, likes and dislikes among many activities.

Biographical Data Blanks. This method involves asking questions about a person's background, i.e., the type of community in which he grew up, his parents, home, hobbies, etc. The questions chosen for this type of questionnaire must (a) deal with objectively verifiable events and facts, and (b) be relevant to some criterion variable(s). The basic problem with this method is that examinees may respond untruthfully if they believe it is to their advantage to lie. (For example, when questionnaires are used for selection of personnel for employment or admission to school.) When used for research studies or counseling, questionnaires can be highly efficient for gathering data with minimum time and expenses. Under these circumstances, examinees usually have no reason to fake their responses. Faking can be minimized by warning examinees that their responses can be verified and that some of them will be. Thus, biographical data blanks are usually less subject to faking than other kinds of interest tests or personality tests.

These tests can be useful when constructed in such a way as to yield scores bearing satisfactory predictive validity for practical criteria such as performance in courses of study and in occupations.

Differential Interest Tests. Based on the assumption that people tend to remember what interests them and forget what does not, these tests consist of factual questions pertaining to political, social and economic events, science, medicine, literature, etc. One advantage of measuring interests in this way is that responses cannot be faked in order for an examinee to give a favorable impression. Results of this test can be used to help counselors predict performance in various courses of study and occupations.

Interest Inventories and Questionnaires. The primary advantage of using questionnaires to measure interests is that each examinee can give information about himself, his preferences, his activities and his interests that are either difficult or impossible for anyone else to obtain. As with biographical data blanks, however, examinees can respond untruthfully if they believe it is to their advantage to lie. For example, if an examinee wants to express interest in science and is asked the following question: "Mark the magazine you would choose to read if you had some spare time: A. National Geographic, B. Saturday Review, C. Newsweek," he might choose A even if he has a subscription to Newsweek and reads it regularly.

Problem. A woman, 37 years old, married with three children, with a high school diploma, would like to get a part-time job. She has never worked before and does not know what her real interests are. As a counselor, which of the above types of interest devices would you administer? Why?

Answer. Most beneficial would probably be an Interest Inventory or Questionnaire. (There would be no advantage for this individual to fake responses on such a test.) A biographical data blank would provide data pertaining to her background and past activities, most of which would necessarily be indicative of her real outside interests. A differential interest test would not necessarily be indicative of her interests either, as her factual knowledge may be rather limited in most of the areas tested (having been away from an academic setting for many years).

Summary. Interest tests that ask opinions, attitudes, feelings or preferences should not be used in any competitive situation (such as admission, employment or promotion) which might tempt an examinee to fake responses in order to give a favorable impression. They can, however, assist counselors in helping clients assess their educational and vocational plans.

Resources for Further Study

Davis, Frederick B., Educ. Measurements and Their Interpretation. Wadsworth Publishing Co., 1964.

Goldman, Leo, Using Tests in Counseling. Appeleton-Century-Crofts, 1971.

Popham, W. James, Criterion Referenced Measurement. Educational Technology Publications, 1971.

Tyler, Leona, Tests and Measurements. Prentice-Hall, Inc., 1971.

PSYCHOLOGICAL ASSESSMENT

Objective: Ability to select tests which could be used appropriately in assessment of manpower trainees.

Pretest

1. Which of the following tests would be used to measure an individual's aptitudes?

   a. WAIS

   b. GATB

   c. EPPS

   d. Kuder

2. Which of the following tests would be helpful in determining a client's vocational interests:

   a. MMPI

   b. Stanford-Binet

   c. ABLE

   d. SVIB

3. The Stanford-Binet, WISC, WAIS and the Lorge-Thorndike are tests which measure:

   a. Aptitude

   b. General intelligence

   c. Achievement

   d. Interest

   e. Personality

4. Which of the following is not a personality test?

   a. MMPI

   b. EPPS

c. ABLE

d. CPI

e. Rorschach

5. Which of the following tests would be helpful in assessing an individual's aptitudes who has difficulty reading the English language?

   a. WAIS

   b. ABLE

   c. GATB

   d. NATB

6. Which of the following is not an achievement test?

   a. SAT

   b. GRE

   c. WAIS

   d. WRAT

   e. ITBS

7. List three factors frequently overlooked in test selection:

8. What is the most important consideration in test selection?

9. Name three common handicaps which might affect performance on tests:

Answers to Pretest

1. b
2. d
3. b
4. c
5. d
6. c
7. Possible answers: Neglect of other assessment methods; failure to consider test validity; overemphasis on assessment and neglect in counseling; neglect of other methods of guidance.
8. The purpose of testing.
9. Possible answers: Reading level; vision; motor skills; speed factor; emotional disturbances; age.

Test Selection

In selecting tests appropriately, it is important to remember that test scores alone cannot provide sufficient information for a counselor to work effectively with his client. The testing process usually is most effective and worthwhile if tests are used only after sufficient exploration of the client's needs for them and with counselee participation and preparation. Together with information obtained from previous counseling sessions, tests can be used as tools to assist in surveying, diagnosing or predicting a client's behavior, or to aid in his decision-making process. When using testing in counseling, careful attention should be given to four frequent types of errors:

a. Neglect of other methods of assessment

b. Overemphasis on assessment with the resulting tendency to neglect counseling

c. Failure to take into account the specific validity of the tests used

d. Neglect of other methods of guidance which should normally accompany assessment and counseling

Factors to be considered in test selection are:

a. Reliability

b. Validity

c. Norms

d. Client's age and previous experience

e. Client's reading level

f. Paper and pencil vs. apparatus tests

g. Individual vs. group tests

h. Amount of time needed

i. Handicaps

j. Ease of administration and scoring

k. Aids to interpretation

The first step in selecting tests is to define carefully and in detail the purpose for which they are to be used. With that in mind, a counselor can consult publishers' catalogues of tests or sources like Buros' Mental Measurements Yearbooks, which provide information such as validity, reliability, and norm factors as well as administration, scoring and interpretation factors for hundreds of tests in all appraisal domains.

When considering the use of testing for counseling purposes, a counselor should discuss with his client all possible advantages of testing and describe functions of specific tests as related to his needs and problems. Age and previous experience are important considerations in test selection especially with older clients, if certain test norms have only been established for early adult years.

The counselor will need to determine some of the changes that might have occurred in specific traits since this client was at the age of the norm group. With regard to aging, it was earlier thought that mental abilities generally decline with age, beginning as early as the 20's and 30's. However, recent longitudinal studies have shown that people in their 40's and 50's continue to increase in certain measured mental abilities.

Constrasting results of further studies suggest the basic hypothesis that the kinds of mental activities one engages in throughout his lifetime influence the extent to which mental abilities deteriorate in adulthood. Previous experience is an important consideration in test selection when counseling the disadvantaged, for example, who may have experienced educational deprivation which often results in deficiencies in understanding not only the language of test questions, but also comprehension of such basic concepts as shape, size and number. The effects of experience should also be significant considerations in interpretation of test scores, bearing in mind that a test score is a result of, among other things, specific learning opportunities and experiences.

A client's reading level must be considered prior to testing; his abilities will not be measured adequately if a reading deficiency interferes with his performance on a test which is not intended in any way to measure reading abilities. Achievement tests in reading (and comprehension) are of paramount importance in education, and are more widely used than any other type of achievement test. Examples:

- California Reading Test, available in five levels suitable for use in grades 1-14
- Davis Reading Test, available in two levels for use in grades 8-13. Level of Comprehension score is essentially unaffected by speed of reading.
- Stanford Reading Test, available in five levels in grades 1-9. Word meaning, paragraph meaning, word-study skills and total scores are provided.

Tests in which speed is an important factor frequently lead to a decrease in performance for many clients. For example, as mentioned earlier, older clients might have slower reflexes than the norm groups on which a specific test was based. Slow readers suffer a handicap on such tests, as do compulsively cautious persons who must check and recheck their responses and persons with visual or motor handicaps.

Counselors should be careful to consider the actual purpose of testing and be aware of those cases in which speed is a necessary component of the task, as in testing for clerical or assembly occupations.

It is an erroneous assumption to think that individual tests are for all purposes superior to group tests; group tests of mental abilities are generally better established as predictors of educational and occupational success than are individual tests. One important use of individual tests is for clients handicapped in some of the ways mentioned earlier: reading ability, vision, motor skills, speed and emotional problems related to testing. They are especially valuable in cases where it is important to observe behavior closely or where it is helpful to be able to follow up responses with requests for further clarification.

Numerous kinds of handicaps can affect testing outcome, other than those already described. Often times, appropriate tests of good quality do not presently exist for many of the specialized desires or needs of the handicapped. Available instruments can be used and adapted by deviating from standard administration procedures. Interpretation will necessarily be based on less precise scores, and predictions will have to be in terms of a broader range of possibilities than would normally be the case.

Other general factors to be considered in the selection of tests are ease of administration and scoring and aids provided for effective interpretation. Such aids should include norms, standard errors of measurement and confidence intervals, all of which are provided in various ways by test publishers.

Aptitude Tests. In selecting appropriate aptitude tests it is important to remember that there are two general types of aptitude tests: (a) miniature tests, and (b) abstract aptitude tests.

Miniature (or "worksample") tests duplicate on a smaller scale the task in which learning or success is to be predicted. Examples:

- Lathe type or two hand spatial judgment and coordination test
- "Complex coordination test," used for classification of air force pilots--a life-size stick and rudder test with airplane controls, and rows of red and green lights
- The Singer Company work sample tests

Advantage of this type of test:

- Face validity (obvious similarity to the task in question) is appealing to examinee who is interested in such work

Disadvantage:

- There is no objective way of knowing what psychological factors are measured by this type of test. (Good for selection purposes but not for vocational counseling.)

In Abstract Aptitude Tests jobs have been analyzed and one or more of their essential characteristics have been abstracted. Aptitude test batteries consisting of generalized items which can be validated and for which norms can be developed for a wide variety of occupations have been especially useful in vocational counseling. One of these tests is the General Aptitude Test Battery (GATB) which is a product of years of research in worker characteristics and test development by the Occupational Analysis Division of the U.S. Employment Service. Its objective is to measure the factors that have been found to underlie the most valid aptitude tests and to develop occupational norms and validity data for these factors, thus making it possible to test virtually all major aptitudes in one test session and to interpret a person's score in terms of a wide range of occupations. The GATB consists of 12 different tests, measuring nine aptitudes (including general intelligence, verbal, numerical and spatial aptitudes, form and clerical perception, motor coordination, manual and finger dexterity). It is designed for group testing and requires approximately two hours to administer. Test scores are expressed in terms of occupational aptitude patterns, predicting success in as many as 62 occupational "clusters." Interpretation of these GATB norms is most accurate when used in conjunction with the Dictionary of Occupational Titles, which defines thousands of occupations and describes requirements such as training time, aptitudes, physical capacities, temperaments, interests, and working conditions.

The GATB has proven to be a very useful tool for career counselors, in assisting clients in their decision-making process regarding training and/or vocational choice. This battery is one of the few that has normative data and validity for skilled and semi-skilled occupations, and, as such, is most widely used for vocational counseling.

The Nonverbal Aptitude Test Battery (NATB) has recently been developed for examinees having reading and comprehension levels of 6th grade or below. This has proven to be a useful tool in counseling clients of different cultural or ethnic backgrounds or those who have been educationally and/or environmentally deprived. This battery is administered individually after determining a client's reading level with the use of a screening test developed by the Employment Service for this purpose.

Achievement Tests. Commonly used tests in manpower settings (other than reading diagnostic tests, previously described) include the following:

- Wide Range Achievement Test (WRAT)
- Iowa Tests of Educational Development
- Stanford Achievement Test (SAT)

Other achievement tests which are occasionally used include:

- Metropolitan Achievement Tests
- Durell-Sullivan Reading Capacity and Achievement Test

Specific occupational achievement tests have been devised over the years and compiled by the Educational Testing Service (ETS) in Princeton, New Jersey. The Directory of Achievement Tests for Occupational Education (listing approximately 165 specific tests) is a valuable reference manual in addition to the general sources listed at the end of this section.

Intelligence Tests. Two frequently used intelligence tests are the Wechsler Adult Intelligence Scale (WAIS) and the Revised Stanford-Binet Intelligence Tests Form L-M. Both are administered individually, which allows subjective observations to be made of the examinees' thought processes, personality characteristics and reactions to the examiner, which can be useful byproducts of the testing process, provided that inaccurate inferences are not made.

The WAIS is generally administered to persons over 16 years of age and measures 14 factors related to verbal abilities and performance (picture completion, block design, object assembly, etc.), all of which assess the following basic mental abilities: reasoning, memory, spatial visualization, and perceptual speed and accuracy. The practical meaning of the IQ scores derived from the scales probably is best indicated by their percentile ranks.

The Revised Stanford Binet tests, Form L-M, measure primarily abilities related to memory for word meanings and reasoning in verbal terms. As with the WAIS, IQ's from this test are best interpreted in terms of percentile ranks in the American population. Deviation IQ's, provided for both tests, are normalized standard scores expressed in units that have a mean of 100 and a preselected standard deviation. (For most tests the s.d. of their deviation IQ's has been established as either 15 or 16.)

Generally speaking, intelligence tests are of limited use with manpower trainees and are seldom used. For purposes of predicting success, numerous achievement tests have proved to be more reliable and are used more often for placement and overall prediction.

Interest Tests. The Strong Vocational Interest Blank (SVIB) questionnaire was developed for and standardized upon college students and adults employed in the professions and in business. Results from early research on this test have shown that different groups of professional people showed consistent differences in their likes and dislikes, even on items having no apparent connection with their jobs--items concerned with amusements, hobbies, people, books and other aspects of life. It has been suggested that a person's likes and dislikes are not primarily the result of participation in an occupation, but exist before a person enters it. Furthermore, his interest pattern is generally stable after the age of 17 and changes as little as any aspect of his personality that has been studied. Scores on this test do not predict a person's success in an occupation or training program. However, scores do predict how likely individuals are to remain in particular occupations or change to others. Evidence suggests that those persons who are in occupations which they scored highly on the SVIB are generally better satisfied with their positions than those whose interest scores did not indicate the direction they chose.

Until recently the SVIB consisted of two separate forms, one for men and one for women; the newest form is a merger and is designed for both. The SVIB for men consisted of 400 items grouped according to type content; the women's form had as many items but did not compute scores for as many general directions as the men's did (e.g., no "managerial" interests). With the merged form it is hoped that women's interests will be scored equally, thus eliminating possible effects of stereotyping and social conditioning.

The Kuder Preference Record is also widely used with adults. The Occupational Form reports 38 scores for specific occupations, whereas the Vocational Form reports ten scores for broad areas of interests. Each item on the test is made up of a list of three activities, of which the examinee is asked to mark the one he likes (or thinks he would like) the most and the one he likes least. Thus, he is forced to make a choice. Like scores derived from the SVIB, Kuder profiles seem to be reasonably stable but do not predict performance. Predictive validity can only be seen in terms of satisfaction in jobs or courses of study.

Personality Tests. The Minnesota Multiphasic Personality Inventory (MMPI) was developed as a clinical instrument for use in psychiatric diagnosis. It was not intended to be a test for use in educational and vocational counseling or in personnel selection. Its purpose is to measure those aspects of personality which bear on psychiatric diagnosis. This test consists of 550 self-descriptive items, classified under 26 categories ranging from general health through habits, phobias, etc. The traits measured by the MMPI tend to accentuate negative or abnormal personality variables, mood manifestations, pathological extremes such as schizophrenia and other clinical syndromes. This test has very little predictive validity in terms of educational achievement or success and there is little or no evidence on the correlation of the MMPI to job success and satisfaction. It is suggested that the MMPI not be used for selection purposes of any kind. It may be useful in guidance and employment centers with persons with personality adjustment problems, in which case positive findings would be indication of need of therapy beyond the scope of the typical vocational counselor.

The Edwards Personal Preference Schedule (EPPS) was devised as an instrument for research and counseling purposes to measure a number of "normal" personality variables, which are categorized into 15 basic "needs" such as achievement, order, autonomy, endurance, etc. This creates some confusion, however, because the items on the test often seem to elicit a person's preferences rather than needs or states of deprivation. Clients often question the meaning of their scores as to whether they actually need adjustment in certain areas or that they simply have some needs which are stronger than others but which they are satisfying. Since both the manual as well as research data are vague in answering these questions, it is probably best to interpret scores as indicating the relative strength of personal preferences. In the sense that the EPPS focuses on the "normal" range of behavior rather than deviations from some norm in the direction of maladjustment (like the MMPI), it is similar in many ways to the Kuder Preference Record and can be used quite effectively in manpower and community college counseling settings.

Generally speaking, personality inventories are of limited value to manpower trainees unless an individual specifically requests one for personal self-growth. They are recommended for optional use only and should not be used for placement or selection purposes of any kind.

Sources for Test Information. A comprehensive bibliography entitled Tests in Print (O. K. Buros, ed., Gryphon Press, New Brunswick, N. J.) is the most current and complete listing of tests available.

Hundreds of tests have been reviewed and evaluated in the seven volumes of the Mental Measurements Yearbooks (O. K. Buros, ed., Gryphon Press, Highland Park, N. J.). In addition to evaluation, the yearbooks provide information such as the ages (or grades) for which tests are intended, dates of publication, number and types of scores yielded, auxiliary publications (manuals, etc.) and their prices, types and prices of answer sheets used, time limits, authors and publishers of tests. Since the volumes are not cumulative, it is often necessary to seek reviews of a single test in earlier volumes.

Bulletins are available from many test publishers; some of the larger test publishers are:

- Educational Testing Service, Princeton, N. J. 08540
- The Psychological Corporation, 304 E. 45th St., N. Y. 10017
- California Test Bureau, Del Monte Research Park, Monterey, CA 93940
- College Entrance Examination Board, 375 Riverside Drive, N. Y.
- Science Research Associates, 259 E. Erie St., Chicago, Ill.

Resources for Further Study

Buros, Oscar, ed. Tests in Print. Gryphon Press, 1961.

Buros, Oscar, ed. Mental Measurements Yearbooks. (seven successive volumes), Gryphon Press, 1938-1973.

Goldman, Leo. Using Tests in Counseling. Appleton-Century-Crofts, 1971. (See pp. 91-96 for list of sources of information.)

PSYCHOLOGICAL ASSESSMENT

Objective: Ability to administer tests without variation from appropriate protocols.

Pretest

1. List four basic considerations to remember when administering tests.

2. What is the most important validity factor to remember when administering standardized tests

3. List four psychological factors affecting an examinee's performance on tests.

4. What are the primary functions of a counselor in administering tests to clients, i.e. when and how should testing be introduced in the counseling process?

Answers to Pretest

1. Freedom from distractions, sufficient working space, advance preparation of materials and facilities, good proctoring, provisions for recording observations and proceedings.
2. Carefully and precisely following standard testing instructions.
3. Anxiety, tension, potential threat of test, response sets, effort extended, lack of self-confidence.
4. As an adjunct to counseling, one tool for self exploration, in concert with other information, integrated into the total counseling effort.

Test Administration

Test administration is an extremely important factor to consider in terms of the validity of test scores. There are certain basic considerations to remember when administering tests:

a. Freedom from distractions

b. Sufficient working space

c. Advance preparation of materials and facilities

d. Good proctoring (giving clear instructions, creating a comfortable, non-threatening atmosphere)

e. Provisions for recording proceedings and observations of examinees

Important: Most tests have explicit directions for the examiner, which must be followed closely in order to prevent serious administration problems and to insure test validity.

More important than the actual mechanics of test administration, however, are psychological factors related to the condition of the examinee. For example, how do anxiety and tension affect performance? Do they reduce efficiency or do they increase alertness and allow the examinee to perform at a peak level? Psychological effects of testing can be divided into three major areas:

1) The factors preceding the taking of the test (i.e. previous experience with tests, coaching and practice)

2) The individual's perception of the test (i.e. threat or help),

feelings about taking the test, and how these factors will affect his approach toward the test (in terms of effort, wanting to make favorable impression, and tendency to distort answers).

3) The actual testing circumstances (i.e. how does examinee handle distractions or other problems).

Factors Preceding Test Taking. Generally speaking, every experience an examinee has ever had can be considered here, including skills and knowledge as well as attitudes, aspirations and expectations, interests, habits and emotions. Some specific experiences, however, will affect testing more than others, such as coaching and practice, and various response sets.

With the increasing competitive factors involved in gaining admission to colleges and professional schools, groups of individuals have organized coaching and practice sessions specifically designed to score highly on standardized achievement tests. Schools frequently set up study groups for scholarship examinations and "coach" students to take exams. What effect does this have on testing?

Research to date indicates that coaching and practice in taking tests may be effective in raising scores of individuals and groups who have not had recent experience in taking tests of that general type or in the specific subject being tested. In a report on the Scholastic Aptitude Test, Dyer (1953) concluded that coaching seniors tended to improve their mathematical scores if they were not currently enrolled in math courses but was not likely to improve their verbal scores on the test. Further studies indicated that groups who were coached prior to testing obtained higher scores; however, the amounts were generally less than the standard error of measurement of the test. The greatest gains were made by students who had not applied themselves in school but who possessed the general innate ability to score highly.

In general, coaching would seem helpful for individuals who have not studied the specific subject to be tested for some time, or for those who have had limited recent experience in taking tests in general. Specifically, disadvantaged youth and adults might benefit from instruction in the principles of test taking.

An important factor in understanding the psychology of test taking is "response set"--a tendency to take a given direction in answering test questions. (For example, on personality inventories, avoiding extreme options by answering "sometimes" rather than "always" or "never".) The most common response set is giving "socially desirable" answers to certain questions on personality and interest tests. The MMPI uses several validity scales in an attempt to counteract this tendency, and the EPPS uses the forced-choice approach in which the examiner must choose between two statements, both of which have been matched for their social desirability.

Another response set is readiness or willingness to guess the correct answer. There appear to be certain personal characteristics which cause an individual to guess more freely than another: self-assurance, aggressiveness, and motivation to do well. A more timid, cautious individual appears to be less prone to guessing than one who is usually bold and aggressive. Another response set which is reflective of a personality characteristic is speed: bright examinees who are overly concerned about accuracy and overly cautious examinees who double check their responses all tend to suffer as a result of the speed factor on tests. Counselors must be aware of possible response sets such as these and attempt to prevent them by creating a comfortable, non-threatening atmosphere in which the examinee would neither feel under pressure to distort his responses nor feel overly anxious about the importance of the outcome. With careful counseling prior to testing, during which testing outcomes are explained in terms of predictability rather than competitiveness and/or selection, many of these response sets can be avoided.

Perceptions and Feelings Regarding Testing. In the cases in which preliminary test selection and counseling have not been satisfactory, individuals may approach tests with some negative perceptions (as a threat to self-concept or an obstacle to a desired goal). These feelings can lead to possible cognitive and emotional results as faking, anxiety, and lack of effort.

Faking responses on tests occurs most frequently in situations pertaining to employment or admissions, in which examinees try to make a favorable impression. A counselor can often prevent this by developing proper rapport and establishing a level of trust with his client, discussing with him the possible benefit of the test when it is answered truthfully.

Some degree of anxiety and tension are generally associated with test taking. Their effects are not necessarily negative, since a certain amount of tension may increase alertness and result in better performance. Furthermore, extensive research has shown that a wide variety of emotional disturbances, even neuroses and psychoses, do not have consistent effects upon test scores. A critical factor underlying anxiety seems to be the meaning of the test situation to a particular individual. For example, "failing" an aptitude test may prove to be a relief to someone who fears greater failure if he were to enter training; whereas for another person the same amount of anxiety may motivate him to do well because the greater threat for him is not entering the training. Individuals also differ greatly in their learned pattern of response to anxiety. Some take immediate action to try and solve the anxiety-inducing situation, others look for ways of escaping threatening situations, and still others attempt to deal with the situation as it is but are unable to function at their usual level of ability because of the anxiety involved.

A related factor is that of effort. Generally speaking, individuals who see a test as potentially useful and not threatening to them are likely to exert optimum amounts of effort, whereas those who see it as having no value to them or who perceive it as extremely important but threatening, generally exert as little effort as possible. Again, with proper counseling and consideration of each individual's needs and emotions, this factor need not be a serious problem.

Testing Procedures. It must be stressed here how very important it is for examiners to observe standard testing procedures as explicitly outlined in the manuals. Deviance from these directions will invalidate test scores and provide counselors with inaccurate information. Along with closely following test instructions for administration, it is generally advised that tests be administered in well lighted rooms with sufficient space provided and with a minimum of noise or other distractions. In addition to the physical setting, it is also important (particularly with reference to disadvantaged and handicapped individuals) for the examiner to establish a warm and personal atmosphere for testing.

As suggested earlier (under "test selection"), it is advisable for a counselor to allow his client to participate in the selection of tests which seem useful to him. This increases the probability that the client will gain further self-understanding while taking the test or tests. For example, let us suppose that a counselor and client agree to use a test of manual and finger dexterity in order to provide some predictive information about the client's chances of success as a machinery repairman. Having some understanding of the test's function, the examinee can gain some insight into the work requirements and use it to further consider his real interest in this area.

Timing of test selection is also an important factor; tests should be administered when they are needed. The time for a counselor to suggest the use of tests is when the client feels he needs additional help in decision-making. If tests are used too early in the counseling process, counselees tend to become overly dependent on the results; if they are administered too late, they are irrelevant. If tests are integrated into the total counseling process, they add to rather than detract from the relationships.

Resources for Further Study

Davis, Frederick. Educational Measurements and Their Interpretation. Chapter 3, Wadsworth Publishing Company, 1964.

Goldman, Leo. Using Tests in Counseling. Chapter 5, Appleton-Century Crofts, 1971.

Super, Donald and Crites, John. Appraising Vocational Fitness. Chapter 4, Harper and Row, 1962.

PSYCHOLOGICAL ASSESSMENT

Objective: Ability to provide appropriate test interpretation to clients.

Pretest

1. How do statistical test interpretation and clinical interpretation differ in their approach?

2. What are some possible emotional responses a client may express during test interpretation? (both positive and negative)

3. Why is it recommended that clients actively participate in test interpretation?

4. What are some factors to consider when contradictory scores occur on two tests designed to measure the same function?

5. Name four factors which may contribute to lower test performance by the economically disadvantaged.

Answers to Pretest

1. Statistical interpretation involves predicting the testees performance based on what has previously happened to persons with similar scores. Clinical interpretation is based upon a subjective evaluation of a wide range of client variables such as observed behavior, test scores, personality variables, expressed interests, etc.

2. Fear, self deprecation, over dependence on results, over reaction, pleasure at self confirming information.

3. So that they can decide for themselves what the meaning of the data is to them and take responsibility for acting or doing nothing with the new information. It gives them ownership of the data.

4. There are differences between tests, differences in the individual at different test times and differences in test administration.

5. (1) Physiological problems caused by poverty; (2) deficiencies in knowledge of the type requested; (3) low motivation to take tests based upon previous experiences; and (4) influence of test environment.

Interpretation of Test Results

An effective counseling relationship is one that allows the counselee to explore his own personality and the environmental factors influencing it. Out of this experience the counselee becomes aware of the possibilities open to him and is free to make choices affecting his future. Test results are one source of information which can be helpful in his self-understanding and decision-making. It is the counselor's responsibility to communicate this information in a way that is relevant to the client's immediate and future needs and possibilities. There is no absolute formula for useful and relevant interpretation; much depends on the counselee's perceptions and problems as well as the counseling relationship and process. One of the principal objectives of testing is accurate prediction (with possible modifications resulting from whatever is predicted or diagnosed). Two basic methods of interpreting test results are statistical and clinical.

Statistical prediction in counseling involves two basic steps. First, the counselee is assigned to a predictor category on the basis of his test scores. Second, the counselor makes predictions about his client based on what has previously happened to individuals in this category; that is, he makes predictions on the basis of statistical probability. One of the major problems of prediction is the difficulty in obtaining satisfactory criterion measures. For example, although a freshman's grade point average may be a statistically valid indicator of academic success in college, it by no means reflects the total learning experience of the college student. Most criterion measures are subject to error and represent only a part of an individual's performance. The basic problem in effectively interpreting predictive scores is determining the appropriate emphasis to be given to each variable. The most effective predictors usually involve a combination of measures reflecting various aptitudes and personality traits necessary for successful performance.

One predictive technique, which is used with the GATB, specifies the minimum predictor scores necessary to forecast success in specific occupational areas. Failure will be predicted in those areas in which the examinee does not meet the minimum. It is useful in generally identifying areas in which the counselee is likely to be successful, but it tells us little about the degree of success to be expected. Furthermore, outside variables such as personality characteristics and interests are not measured and should be correlated with test results to obtain more accurate predictive information for the client. Statistics and probability as primary predictors must be used carefully in order to avoid generalizations and comparison of a counselee to a norm group with which he may not necessarily identify. Individual differences must be carefully considered when interpreting predictive scores to clients, without relying on often ill-defined or poorly measured group characteristics.

In clinical prediction, a person's current status is determined by evaluating such factors as observed behavior, test results and personality traits, many of which cannot be quantitatively measured. This technique allows the counselor to take into consideration a much larger number of predictor variables than the statistical method. Clinical prediction is, therefore, commonly used in counseling, especially in cases where the counselee must make a choice between possible courses of action, for which statistical probability is often not determined. This technique requires the formulation of a concept of the counselee based on the interaction of his individual needs, drives, conflicts and defenses. One of the goals of counseling is the development of such a self-concept by the counselee. Clinical prediction in which the client particpates can, therefore, be easily integrated into the total counseling process, (provided the counselee assumes responsibility for the final outcomes).

Principles and Techniques of Test Interpretation. No test interpretation should ever be routine; it is part of the counseling process which requires communication, understanding and individual positive regard.

Interpretation of tests must be adapted to the needs and personality of each client. If it is to contribute to the goals of counseling, the client must be prepared to receive it. This will be the result of a good counselor-counselee relationship. The skillful counselor will use test interpretation to help answer the client's immediate questions (e.g., pertaining to decision-making) and at the same time encourage the client to examine his feelings and self-concept.

How a counselee perceives test scores is closely related to his self-concept. It is not the scores themselves but the counselee's perceptions of them that are important. The counselor must be sensitive to the clients' feelings and prepared to help them deal with their emotional reaction to this information. Counselees may feel threatened when they find that their achievement scores are lower than they think they should be. If they reject or rationalize the scores, new emotional problems may result from them. Important to effective counseling is allowing the client to respond openly and interact with the counselor in test interpretation.

Basic to effective interpretation of test scores is the counselor's familiarity with the test(s). What does it measure? How valid and reliable is it? What do the scores mean? What is the norm group it was based on? With this in mind, however, counselors should be careful not to give the impression that test results (or their interpretation) provide the client with "the answer" or the direction to choose. They should emphasize to clients that it is their choice and that the counseling (and testing) process is merely a tool to assist them in making this choice. Test results should be presented as objectively as possible. The more judgmental the statement, the more likely that clients will become dependent upon the counselor to make their decisions for them.

What if a counselee appears to be setting completely unrealistic goals, inconsistent with past achievements or present interests? Does the counselor have an ethical responsibility to suggest that the person learn certain facts about themself? Counseling involves assisting counselees to assume responsibility for their own behavior. The amount of encouragement to be given in a direction the client resists is questionable at best and may in fact be inimical to an effective counseling relationship.

Contradictory Scores on Two or More Tests. When using two or more tests to measure the same general area (aptitude, achievement or interest), contradictory scores often result, which confuse both the counselor and the client. There are three basic differences to remember which may cause this discrepancy: differences between tests themselves, differences in the individual (or group) at the time of testing, and differences in the conditions of test administration from one test to another. The fact that two tests carry the same designation ("achievement") does not assure that they measure the same thing. Even when they correlate highly enough to be considered in the same category, they may measure different aspects of a single quality. Some ways in which tests themselves or types of items used in tests may differ from each other are the following:

a. Individual vs. group test

b. Power vs. speeded tests

c. Minature (or "worksample") vs. abstract tests

d. Paper and pencil vs. apparatus tests

e. Culture free, culture fair and culture leader tests

f. Essay vs. objectively scored

g. Free choice vs. forced choice (with references to personality and interest tests usually)

The validities of tests also differ considerably, i.e., what specific characteristics each one measures, and what specific criteria each one predicts. Some important differences in what is measured by tests are:

a. Old-learned material vs. new problems

b. General vs. specific content

c. Different aspects of a characteristic (e.g., "Spatial ability" is often treated as a single mental ability but consists of various sub-abilities). Since abilities are complex in each area, it is not surprising for an individual to get different scores on two tests bearing similar labels.

In order to understand discrepancies in scores obtained from two or more tests, it is important for the counselor to be thoroughly familiar with each test and its specific content and purpose in order to effectively interpret the outcomes to the counselee. In addition to the above factors, the level of difficulty of the test contents and norm differences must also be considered.

Testing the Culturally Different Client. Counselors in manpower and community college settings work largely with the economically disadvantaged population (usually individuals belonging to diverse cultural or ethnic minority groups--e.g., Blacks, Chicanos, American Indians). There seem to be certain factors which may contribute to lowered test performance by such clients. Some of these factors might be:

a. Physiological problems (often due to poor prenatal care, inadequate diet, and inadequate treatment of disease, which often impedes physical and mental growth)

b. Deficiencies in knowledge which is frequently measured by standardized instruments (mostly verbal and communication abilities)

c. Motivational and attitudinal factors combined with lack of hopefulness, lack of identification with middle-class environment, and feelings of inferiority and/or hostility

d. Influence of test administrator (evidence suggests that disadvantaged subjects obtain higher scores on tests when the examiner is of their own race or ethnic group and is friendly and encouraging)

The strategy most likely to induce change and be helpful developmentally is analysis of the individual's background with reference to factors which could have impeded development and caused low performance on tests with subsequent estimation of this individual's potential had there not been the handicaps. Following this analysis, counselors can seek specific actions which would assist this client in realizing native potential more fully, e.g., remedial work, nutritional advice, medical treatment, different class placement, or specific training in perception or conceptualization. In testing the culturally different client the most culture-free test should be sought and problems with the English language must be considered (it may be necessary to modify standardized directions and translate or otherwise assist with language problems.) When test scores are important for employment selection purposes, achievement tests can be administered and weaknesses can be remediated specifically for the purpose of raising the test score when retested. Generally speaking, however, testing should be postponed until remedial education and training have been made available to the disadvantaged client. This will avoid unnecessary disappointment and/or discouragement of the client.

Interests and Abilities. It seems that it would be obvious for a person's interests to be closely related to his abilities--considering that most people are interested in doing what they are most capable of doing. However, measurement very often results in incongruence bewteen these two areas. Some factors which may cause this incongruence are the following:

a. Interests as influenced by family and social values

b. Single abilities being useful in a variety of occupations

c. Single occupations being appropriate for a variety of interests

d. Interests reflecting individual personality characteristics and needs unrelated to abilities

e. Individuals being multipotential

f. Lack of perfect reliability and validity of tests measuring desired outcomes

g. Influence of temporary emotional disturbances on testing

h. Lack of absolute correlations (norms vs. individuals)

Counselors should be aware of possible incongruities between measured interests and aptitudes without dismissing tests as invalid. Consideration of the above factors will be helpful in assisting counselees in compromising or synthesizing their interests and abilities and making appropriate decisions.

Summary. Test interpretation is an integral part of the counseling process which requires appropriate counselor responses and attitudes to assist clients in self-growth. Based on a warm and understanding counseling relationship, test interpretation can enhance counselees' self-concept and allow them to explore their unique interests and abilities. Important in this process is open expression of emotions associated with test results with possible resulting disappointment and fears of inadequacy relating to an individual's feelings of self-worth. Acceptance and positive regard on the part of the counselor will lead to further growth and self-awareness on the part of the counselee.

Resources for Further Study

Davis, Frederick. *Educational Measurements and Their Interpretation*, Chapter 8 and 9, Wadsworth Publishing Company, 1964.

Goldman, Leo. *Using Tests in Counseling*, Chapters 7-12, Appleton-Century-Crofts, 1971.

Super, Donald and Crites, John. *Appraising Vocational Fitness*, Chapter 21, Harper and Row, 1962.

PSYCHOLOGICAL ASSESSMENT

Objective: Ability to write appropriate interpretive reports of testing.

Pretest

1. Why might mere statistical test results be of limited value in interpreting an examinee's performance?

2. List three important factors to consider in writing test interpretations.

3. List five necessary elements of accurate interpretive reports.

Answers to Pretest

1. Meaning has to be attached to numbers. A "94" does not mean anything until it is explained in terms of comparison with a standard, e.g., is it a raw score or a percentile score?

2. a) Who is it for?
   b) At what level is their assessment knowledge likely to be?
   c) How will the data be used?
   d) How confidentially will the information be handled?

3. Any five of the following including those with asterisks:

   - conditions of examinee(s)
   - effects of distractions
   - following of directions
   - examinee motivations
   - atypical test
   *- simple statistical results
   *- predictions which flow from statistical results
   *- general observations about the relationship of the test data to other available information about the client

Writing Interpretive Reports of Test Administration

It is important to preserve and communicate test scores and interpretations. These must be recorded accurately and reported in terms which will be meaningful to those who will use them. The question of whether scores or interpretations or both should be recorded is a question of communication. Test scores themselves (whether in the form of percentiles, age or grade equivalents or standard scores) are meaningful only to those who have had some training in assessment and in the areas of individual differences (psychology). Reports should be written in terms of either descriptive, predictive or evaluative interpretations, depending on the recipient's particular needs (applicability).

Generally speaking, written reports are prepared for one of the following reasons:

a. To provide a permanent record of the counselor's interpretations

b. To provide an interpretation of results for use of other professional workers

c. To insure that the recipient of the test results makes a thorough analysis rather than a superficial account

d. To provide clients with a record of the interpretations for future reference

It is the counselor's responsibility, then, to determine what the recipient's needs are, what will be done with the information, and what the person's interpretive qualifications are. Certain standards of confidentiality must be established prior to releasing any test results or interpretations, and should only be released to prospective employers or other persons with the client's written consent.

Recording test results in statistical terms can be easily misunderstood unless complete statistical data is provided. For example, a score of "94" means nothing in itself; we must know how the "94" compares with other scores in the group tested. In addition, we must know the individual's age, experience and other characteristics as related to other members of the group. Furthermore, it is important to know what the test is designed to measure, how well it does so, and what its limitations may be. "Technical" measurement language should only be used when reporting results to qualified persons with previous training and experience in assessment. Otherwise, only general implications of the results should be recorded in a comprehensible manner for the recipient.

Some basic principles which apply to written test interpretations are:

1. Interpret test score in light of appropriate norm group(s)
2. Relate score and percentile to observed behavior during testing
3. Relate score to any others which may be pertinent to overall interpretation
4. Relate interpretation to any personal data affecting suitability of test content or norms
5. Express interpretations in psychological and broad occupational terms
6. Summarize information to present overall picture of the person and his occupational potentialities

More succinctly stated, the following format can be followed:

1. Testing conditions

    - conditions of examinees
    - effects of distractions
    - following of directions by examinees
    - motivation of examinees
    - atypical conditions of test administration

2. Test Results

    - simple statistical results
    - predictions which flow from statistical data
    - general comments about the relationship of the test data to other available evidence regarding the client

A sample interpretive report follows:

Report of Test Results. On September 2nd and 3rd George Stephanoff was administered two tests; the Otis Test of Mental Ability and the Strong Vocational Interest Blank. He took both tests under the supervision of a trained psychometrist. During the testing there were no distractions and he was able to finish them both without assistance. He was eager to participate in the testing and there is no evidence that the testing conditions affected him negatively in any way.

On the Otis his score placed him at the 76th percentile when compared to the general population and at the 51st percentile when compared to college graduates. Should he be interested in pursuing advanced education his chances of competing satisfactorily in a community college, technical institute or university seem good. In any event, he appears to possess the ability to succeed in the adult education courses in English composition and general mathematics which he is currently pursuing.

The Strong Vocational Interest Blank results show George to have interests most similar to those of persons in the areas of social sciences and artistic occupations and least similar to those involved in the physical sciences and business.

It is recommended that he take a general aptitude test such as the GATB in order to obtain data on some of his specific aptitudes which may correlate with his interests and previous experience. Further information would need to be obtained regarding his experience, interest, career aspirations, strengths and weaknesses, and personality characteristics in order to further utilize the results of the above testing in counseling with George.

Resources for Further Study

Goldman, Leo. Using Tests in Counseling, Chapters 14-17, Appleton-Century-Crofts, 1971.

Super, Donald and Crites, John. Appraising Vocational Fitness, Chapter 22, Harper and Row, 1962.

CAREER DEVELOPMENT

CAREER DEVELOPMENT

Objective: Awareness of 1) differing points of view regarding career development, and 2) strategies to assist clients with choice.

Pretest

True or False

_____ 1. Sociological theorists see career choice as primarily a function of environment.

_____ 2. To sociologists "career choice" is a pseudo concept since everyone's choice is conditioned so totally by environment.

_____ 3. The trait factor approach emphasizes measurement of worker charcteristics as a pre-condition to effective career choice.

_____ 4. Anne Roe believes that one's occupational choice is largely a function of early life experiences related to need gratification.

_____ 5. Holland promotes the notion that there are six basic occupational environments and six corresponding ways people have learned to adjust to the world.

_____ 6. Super conceptualizes career choice as a continuous process of attempting to synthesize one's career and self-concept.

_____ 7. Fuller believes that most post-industrial job opportunities offer little of a primary reinforcing nature.

_____ 8. According to Warnath, career development theories have been based upon some erroneous notions about work.

Answers to Pretest

1. T
2. T
3. T
4. T
5. T
6. T
7. T
8. T

CAREER DEVELOPMENT

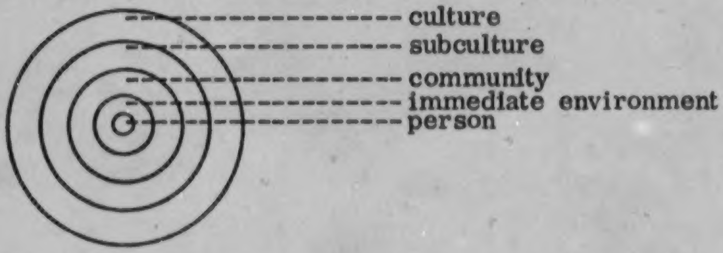
Karl Menninger, a well known psychiatrist, once observed that as many as three-quarters of his patients suffer from an inability to perform adequately or derive satisfaction from their work. Attempting to succeed in an area where one is inept is not conducive to mental health. An understanding of one's vocational strengths and limitations may well determine whether success, satisfaction, and mental health are easily attainable or impossible.

People have different strengths and weakness, and jobs vary in the abilities required for adequate performance. By choosing an occupation which will utilize one's strengths and make only minimal demands on his weaknesses, an individual increases his chances of vocational success. The attempt to help a person formulate occupational choices implies a belief in some assumptions about how to determine relative strengths, and how to correlate this data to produce optimum job satisfaction. Some different theories of vocational choice and development which can provide counselors with some basic operating principles are outlined below.

There are four general areas of career development theory: trait-factor, sociological, personality or psychological, and self-concept theory. Basic to all of these approaches is a belief in the uniqueness of each individual, and a conviction that an understanding of the variables involved in career choice can facilitate a more successful matching of people and working environments.

I. Sociological Theory. The sociological approach views occupational choice as a matter determined primarily by environment. Circumstances such as economic positions and ethnic orientation create social expectations that determine what kinds of vocational choices will be open to a person; within this socially defined group of possible jobs, chance factors are the primary determinant of occupational selection. While all theories of career development admit the possible role of "luck" or "knowing the right person" in influencing decisions, the sociologist is unique in focusing attention on understanding how chance factors operate rather than attempting to minimize their effects.

Social factors vary in their impact upon the individual. One might picture the different variables as a series of concentric circles somewhat like this.



The "culture" to which a person belongs often limits the types of choices which are open to him. In some societies vocation is hereditary, and a son follows his father. In others, career choice is dependent to varying degrees upon personal characteristics. Within a culture are many subcultures which affect career development. An individual's social milieu, largely determined by his family's economic position, often teaches that certain kinds of work are more desirable than others. Educational decisions effectively eliminate many career options, and are often determined by economics. Community and peer group expectations can be influential, as well as parental pressure. Going to college may be a normal activity in one neighborhood and frivolous in another. All these expectations interact in such a way as to profoundly influence the occupational role the individual perceives himself as likely to play.

Proponents: Caplow, Hollingshead, Miller and Form.

II. Trait-Factor Theory. One psychological approach, known as the trait-factor school of thought, regards occupational success as a relatively straight forward matter of measuring specific skills required in a given setting and matching individual strengths with these required proficiencies. Frank Parsons, one of the primary initiators of vocational guidance, described successful career choice as dependent upon: (1) an understanding of one's self--aptitudes, abilities, interests, ambitions, resources, limitations, and their causes; (2) a knowledge of the requirements and conditions of success, advantages and disadvantages, compensations, opportunities, and prospects in different lines of work; and (3) a true reasoning of the relations of these factors to each other. The trait-factor theorist concentrates on measurable characteristics, such as physical skills and mental aptitudes. Interest areas also are assessed by psychometric devices. The various characteristics of successful people in different jobs are evaluated, and optimum job placement is accomplished by matching the measured strengths of an individual with the specific demands of a work environment.

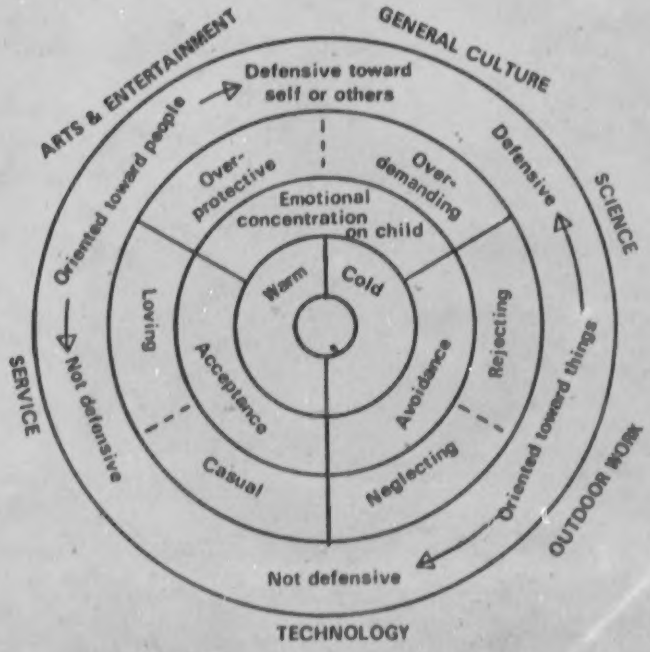
Proponents: Parsons, Williamson, Hull.

In the early part of this century, the trait-factor approach dominated the field of vocational psychology. The last decade, however, has witnessed a growing concern that while aptitudes and interests are important, they are only a part of the total picture of the client. The role of personal values and individual needs in career satisfaction is now considered to be influential, and new theories emphasizing these factors have emerged.

III. Personality and Needs Theory. Anne Roe, a clinical psychologist, was one of the first to construct a formal theory of career development which correlates specific personality factors with vocational choice and satisfaction. From a study of personality differences between physical or biological and social scientists, she concluded that the major distinction between different vocational choices is in the dimension of interest manifest toward or away from people. All individuals have basically similar needs for food and shelter, safety, love and belongingness, esteem, and self-actualization, as outlined by sociologist Abraham Maslow. These needs must be satisfied in sequential order. Needs that are routinely fulfilled do not become unconscious motivators, and lower order needs, if only rarely satisfied, will predominate and block higher needs. High order needs, such as esteem and self-actualization, will eventually disappear if they are only met infrequently.

The development of need primacies is based partly on genetic factors and partly on early experiences of frustration and satisfaction. An innate predisposition to expend energy in certain ways and various childhood experiences combine to determine the general style an individual uses to satisfy his needs. The degree of motivation toward a vocational goal is determined by the arrangement and intensity of a person's particular need structure. Predicting successful vocational placement, therefore, depends upon gaining an understanding of an individual's need structure. The genetic element can be measured by objective testing, but the counselor must also explore a client's family background and early childhood, according to Roe.

Roe developed a scheme of classifying occupations by specifying the personality dimensions which distinguish various types of jobs, and relating home environment and parental attitudes to these different work environments.


ARTS & ENTERTAINMENT
GENERAL CULTURE
SCIENCE
OUTDOOR WORK
TECHNOLOGY
SERVICE
Defensive toward self or others
Oriented toward people
Defensive
Oriented toward things
Not defensive
Not defensive
Over-protective
Over-demanding
Emotional concentration on child
Loving
Rejecting
Casual
Neglecting
Warm
Cold
Acceptance
Avoidance

John Holland also views occupational choice as a function of personality factors, and introduces the notion that people project their views of themselves and the working world onto occupational titles. Most people see the vocational work in terms of occupational stereotypes, and Holland hypothesized that these stereotypes could be used as projective devices to help people discover the work environment most suitable to their personality. Holland's theory is predicated on the assumption that there are six major occupational environments within American society, and that they correspond to six general ways of adjusting to the world. He delineates these work settings as realistic (motoric), investigative (intellectual), social (supportive), conventional (conforming), enterprising (persuasive), and artistic (esthetic), and describes the personality orientations of the members of each group. Although Holland does not specify how these particular orientations develop, he does offer an explanation of how personality orientation influences vocational behavior. The level of complexity an individual chooses is primarily determined by his intelligence and his self-evaluation. With the trait-factor theorists, Holland regards successful vocational choice as largely dependent upon accurate self-evaluation and occupational knowledge; but he also views social pressures in early adolescence as well as childhood experiences with parents as influential in career development, although he is not explicit about how these factors affect people.

IV. Self-Concept Theory. The self-concept theory of Ginzberg, Ginsburg, Axelrad and Herma conceives of vocational choice as a specific behavior based on the adolescent development pattern. It is influenced by four variables: the reality factor represents environmental pressures which have an impact on vocational decisions. Education is an important variable, as well as a person's emotional response to his environment and his personal values. Vocational choice is, they content, an irreversible process which occurs in relatively clearly demarcated stages and consists of a series of compromises a person makes between desires and actual possibilities. The fantasy period of career exploration, which usually terminates around age ten or twelve, consists of arbitrary choices which do not take practical realities into consideration. From fantasizing, adolescents between twelve and seventeen years of age move into the tentative period, during which time they become aware of the different aspects of working environments. They examine their interests, skills and values, and begin to make some occupational choices. After integrating likes and dislikes, the young adult at about age eighteen begins to devise ways to implement choices, and moves into the third and final stage, the realistic period. Eventually the individual's investments of time and training make the choice irreversible, and the career pattern is crystalized. Generally, say the proponents of this theory, careers develop along these lines, and while variations will occur for biological, psychological and environmental reasons, they are the exception rather than the rule. The adequacy of vocational choice, according to Ginzberg and his associates, depends upon the adequate accomplishment of this predictable series of developmental tasks which culminate in vocational specialization.

A prominent vocational psychologist who regards vocational behavior as an attempt to implement a self-concept is Donald Super. Responses to vocational interest inventories represent an individuals' projection of their self-concept in terms of stereotypes they hold about different jobs. Super's view of self-concept is integrated with a theory of developmental psychology outlined by Charlotte Buehler: the formulation of a self-image consists of several distinct stages, and vocational behavior is a lifelong process rather than a series of separate choices. Super's theory differs from that proposed by Ginzberg et. al. in that the former views self-concept as a dynamic image--it is always growing and developing, rather than being "locked in" immutably at various stages. Vocational choice is not seen by Super as the irreversible commitment described by Ginzberg, but rather a continual process of attempting to synthesize one's self-concept with his/her career. The different behaviors a person engages in to implement their self-concept are a function of his/her stage of life development, and vocational behaviors can be more readily understood if regarded in the context of the changing demands of an individual's life cycle. In counseling, Super advocates concentration on the role that self-concept plays in career development. The formulation of self-concept is seen as a combination of hereditary and environmental factors; thus a certain portion of the self-concept is open to outside intervention. Such intervention is likely to be most effective during early adolescence, since the developmental process identified indicates that the concept grows more stable during later adolescence and maturity.

Vocational decisions require accurate knowledge of oneself, and Super subscribes to an expanded version of trait-factor theory--the counselor's primary task is to facilitate self-exploration and knowledge in terms of appropriate developmental tasks.

In counseling with someone who is attempting to make a choice about vocation the following suggestions are made:

(1) Recognize some of the myths that have surrounded vocational counseling and career development that are pervasive. For example:

- "each individual with adequate motivation, information and guidance can move through the educational process to satisfying job goals that allow him/her to express personality characteristics or implement self-concept" (see Warnath's article, "Vocational Theories: Direction to Nowhere" in February, 1975 Personnel and Guidance Journal)
- "each job has the potential of being a calling"
- "one's career should be the central focus of one's life"
- "career ladders exist in all career clusters i.e., upward mobility is a realistic possibility"

All of the above percepts are questionable at best and destructive at worst if they are held by both counselor and client simply because they are not true and will lead to frustration and disillusionment for a large proportion of clients with whom the counselor works. Never has it been more true in our history that a huge number of jobs offer no stimulation, require no creative response of the worker, are dead-end and serve no great noble purpose other than allowing someone the opportunity to receive a paycheck. Thus the benefits from such work will always be secondary in terms of implementation of a self-concept i.e., it may be consistent with my self-concept that I am able to support myself financially but irrelevant to my self-concept (or perhaps destructive) that my job involves incredibly repetitive non-creative responses on my part.

(2) Even if we believe that careers should allow expression of self and continual challenge to growth those kinds of opportunities are available only to a small percentage of our population and our clients should not be deluded otherwise. If they are led to believe differently disappointment is almost inevitable.

(3) The following are some specific things we can do:

a. Assist clients in self-discovery regarding their multi-potentiality and the variety of ways that potential may be expressed both in careers and other areas of their lives.

b. Expand their awareness about careers and requirements as we have traditionally done.

c. Recommend a variety of related career areas for them to acquaint themselves with as well as their primary career target.

d. Teach them job finding and holding skills.

e. Avoid encouraging clients to expect too much of a primary reinforcement nature from jobs.

f. Avoid accepting responsibility for the client's choice but rather lay out the alternatives of which you are aware. For example, it is really a questionable practice to place someone in a training slot just because it exists unless you really level with the person that it's merely a holding action until he/she can find something that more nearly fills his/her needs.

g. Try to relieve to some extent the pressure that the client is operating under to make a quick decision that may be partially irreversible.

In general the underlying principles of "vocational counseling" advocated here are those which emphasize "telling it like it is" regarding work and assisting clients to find as many alternative ways of meeting their self development needs as possible. Work is critical for physical survival but much that is available for people to do is not and should not be promoted as otherwise rewarding. This was true in the industrial society where we first began to function as fragmented workers never seeing the total product of which our effort is a small part and it is even more true in the post-industrial society in which we now live.

Resources for Further Study

Aronowitz, S. "Does the United States Have a New Working Class?" In B. Silverman & M. Yanowitch (Eds.), The Worker in "Post-Industrial Capitalism. New York: The Free Press, 1974.

Ferkis, V. C. Technological Man. New York: Mentor Books, 1970.

Osipow, S.H. "Some Revised Questions for Vocational Psychology." Counseling Psychologist, 1969, 1, 17-19.

Osipow, Samuel. Theories of Career Development. Appleton-Century-Crofts, 1973.

Touraine, A. "New Classes, New Conflicts." In B. Silverman & M. Yanowitch (Eds.), The Worker in Post-Industrial Capitalism. New York: The Free Press, 1974.

Warnath, Charles F. "Vocational Theories: Direction to Nowhere." Personnel and Guidance Journal, February 1975, 422-28.

JOB DEVELOPMENT

JOB DEVELOPMENT

Objective: Mastery of basic job development skills.

Pretest

True or False

_____ 1. Job development is not a single event but rather a process encompassing a series of related activities.

_____ 2. An effective job development unit will engage in a variety of pre-placement, placement and post-placement activities all of which are essential.

_____ 3. The best strategy in working with employers is to sell the employer a logic of operation rather than the services of a particular client.

_____ 4. Indigenous workers generally are more effective in follow-up activities with clients than professional workers are.

_____ 5. Effective job development requires clear-cut organization and a team effort.

List one argument to counteract each of the following barriers to employment.

6. The worker does not have a consistent work history. ______________

____

7. The worker has insufficient credentials. ______________

____

8. The worker has a police record. ______________

____

9. The potential employee has medical problems. ______________

____

10. Most hard to employ workers lack motivation to work. ______________

____

Answers to Pretest

1. T

2. T

3. T

4. T

5. T

6. The labor market is always chaotic for the low-skilled worker, therefore it is unrealistic to expect a well developed work history. The worker now has skills they did not previously have.

7. Lack of formal credentials does not necessarily equate with poor job performance. The person does in fact have the following skills necessary for this particular job (list them).

8. Trainee has paid the appropriate debt for the indiscretion and now needs work to continue rehabilitation. The person is bondable, if necessary, and the arrest record has nothing to do with this particular job.

9. We will provide for medical treatment and have ascertained that this particular problem will not interfere with job performance.

10. We will provide on-going counseling to assist with worker motivation. This person's motivation is strong to be self-sufficient as witnessed by his/her eagerness to find work and the excellent record while in training.

JOB DEVELOPMENT

Job development will be viewed here as a complex process not simply an event or series of events. Most of the content for this section of the handbook is synthesized from the monograph, Job Development For the Hard to Employ by Louis A. Ferman. The reader is referred to this publication and the other policy papers published by the Institute of Labor and Industrial Relations, P.O. Box 1567, Ann Arbor, Michigan 48106.

Activities and Skills Necessary to a Potentially Effective Job Development Unit

Activity	Skill or Attribute
Preplacement	
Analysis of labor market patterns Job vacancy patterns Utilization/underutilization patterns	Specialized knowledge of labor market, community, and companies
Analysis of community power Structure Job-related community resources influence patterns	
Analysis of corporate structures Decision-making patterns Employment structure and processes	

Activity	Skill or Attribute
Persuasion of employer	Ability to convince Salesmanship "Public relations" Pleasing personality Even temper, etc.
Job solicitation Job creation Para-professional Subprofessional New careers	Knowledge of specialized field
Job restructuring	Engineering, production, time/ motion study, cost accounting, knowledge of collective bargaining contracts in management-union relations
Placement	
Matching client and job	Familiarity with occupations
Supporting client in employment procedures	Familiarity with labor market
Reducing barriers to employment	Familiarity with employment procedures (for example, testing, promotion)
Postplacement	
Supportive services to hard-to-place workers	Counseling (psychological and sociological)
Coaching (advocacy, counseling)	Empathy

Activity	Skill or Attribute
Negotiation of "buddy system" support	Human relations
Functional resource aid (for example, job related training)	Knowledge of management theory and organization Mediating skills
Supportive services to management personnel	Management education skills
Management education on hard-core unemployment	
Dispute handling (for example, tension reduction between workers and supervisors)	
Aid in handling worker on-the job problems (for example, work discipline)	
Explanation and monitoring of program at all levels of company	
Follow-up information and feedback to agency personnel	
Retrieval of job development "successful" techniques and critiques of failures	

The Structure of Job Development Activity

Job development is not a single activity (for example, the location of jobs); rather it encompasses a series of related activities, representing different levels of expertise. The following list represents a partial inventory of job development activities.

1. Finding jobs for the hard-to-employ through regular or new channels.

2. Coordinating and managing private and community resources to increase employability of the hard-to-employ (for example, the arrangement for transportation or arrangement for ongoing medical services to make and keep the client employable).

3. Providing ongoing communication and linkage between the agency, training center, employer, work supervisor, and worker.

4. Negotiating and using salesmanship with employers to modify entrance standards or to restructure jobs for the hard-to-employ worker.

5. Providing follow-up services to develop job mobility potential for clients (for example, job-related training).

6. Creating new jobs by negotiation with public or private agency officials.

7. Changing attitudes and role of employer by involving and identifying the person with the project.

8. Providing supportive services to hard-to-place workers and to various management groups.

9. Developing studies of industries, plants, and community structures to locate job shortages and identify employment procedures that impede employment of the hard-to-place worker.

10. Supplementing placement procedures by counseling and addition of services to make client job-ready.

11. Supplementing expertise of management in counseling, dispute handling, job engineering, and corporate manpower planning to improve job opportunities for the hard-to-employ worker.

12. Acting as a "broker" or expediter of community agency services to increase employment prospects of the hard-to-employ (for example, obtaining OJT subsidies or developing a multi-agency package of technical assistance).

The extensive range of activities required by job development raises four important organizational considerations. First, there is the need to recognize that these activities must be embodied in a team effort with a number of work roles. It is more exact to speak of "a member of a job development team" rather than of a job developer. Job development requires the organization of a number of work roles and the recruitment of individuals with differing specialties rather than the recruitment of a "single job developer type" who can perform all of the activities needed in job development. One of the most serious drawbacks in agency planning for job development is the failure to recognize this multiplicity of activities and to organize it into a series of well defined and distinguishable roles with clear areas of responsibility and coordination. An all too frequent problem in multi-agency job development was to rely on a single individual to perform many of these tasks. Consequently, few tasks were accomplished satisfactorily and there was considerable "fuzziness of intent" in job development activities. Role overload is a common problem in job development and it is best to recognize that an intensive diagnosis of local market hard-core unemployment problems must be undertaken in order to identify the necessary job development activities and to divide them into manageable work roles.

A second organizational problem stems from the need to recognize that a job development team will undergo change in activities from its initiation to a period of mature growth. This growth and development will require the need for certain skills at one stage and other skills at another stage. It should be expected, then, that the role makeup of an "older" job development team will be different from one that is only beginning. A new team will be very concerned with the identification of cooperative employers, studies of industry, company and community patterns of underutilization of the hard-to-employ, and identification of techniques to cause revision in employment structure and policy. As the team develops a list of cooperative companies, there is less need for contact work with companies. At a later stage, job development may require outside or inside technical expertise to develop plans for restructuring jobs or creating subprofessional employment in the public sector. At a more advanced stage, there may be the need for expertise in corporate manpower planning assistance to enlarge job opportunities for the hard-to-employ. The skill readjustments required by the growth and development of the job development unit will necessitate planning and scheduling the manpower needs that must become available as the job development program matures. Relying on old role structures to deal with new activities and goals must necessarily introduce considerable rigidity, and thus possible failure, into the job development effort. The decision as to whether such expertise should be built into the roles of the job development team or whether it should be imported from the outside is a secondary consideration to the recognition that such changes in expertise must assuredly become available.

The third organizational concern is with the need to coordinate these activity roles into a social process that moves the hard-to-employ worker from an unemployment status to a work role in the economy. Some members of the unit will be required to identify more closely with the problems of the client and others will be required to be empathic to employer problems. What is crucial is that all members recognize the total flow and sequencing of activities of the job development unit, and how their work roles fit into this activity web. When job soliciting becomes divorced from the total job development process, as it frequently does, this activity loses its significance in the effort to aid the hard-to-employ. This problem can be handled in a number of different ways. The role of job solicitor may be so structured as to require forced interaction and participation with the other team members--counselor, the placement specialist, and the coach. There may be regular meetings where mutual operational problems or client problems are discussed and analyzed, thus requiring each member of the team to consider the total activities in job development. Another stategy is to require regular feedback of activities and problems to the team to ascertain whether changes in the total job development process are in order. Although it might be desirable to gain increased interdependence through job rotation in the job development team, this strategy offers considerable difficulty. This can be done to a limited degree but the levels of expertise on a job development team are so diverse as to impede constant job rotation. The job coach and the job solicitor on the team require different skills and interchangeability of jobs would undoubtedly result in a number of problems.

Finally, another organization problem stems from the necessity to develop a common esprit de corps and sense of group identity on the job development team. This is one of the major failings in job development. Each recruit to the team, particularly when job development is multi-agency, enters the situation with organizational loyalties and ties already established. A person's work norms and operational style, although appropriate in the agency of origin, frequently must be changed to fit the problems and needs of the job development process. Thus, placement specialists must divest themselves of many traditional placement practices from past experience and consider the placement problem in a new perspective, for example, the management of community resources to make the client job-ready, removing barriers to employment by developing bonding services, special counseling about job problems, or persuading the employer to screen-in rather than screen-out the hard-to-employ.

Each member of the job development unit must be integrated into a team effort through pre-job and on-the-job seminars designed to develop a common heritage of goals, concepts and practices, and the establishment of communication channels that require frequent feed-back of information into the team. The fact that job development activities are relatively new activities introduces another complication. In-service training programs must be organized not only to integrate the member into the team (vertical integration) but also to develop in the member a common work identity with others who are engaged in the same role activity (horizontal integration). For example, job solicitors must develop an empathy for understanding of job coaches, but they also must establish a common job identity with other job solicitors. Thus, the organizational dilemma is to make each member more specialized and self-conscious about their role but at the same time to relate their work to other activities in the team in order to develop a group work identity. Quite obviously, special care must be taken to retain some balance between self work and group work identification.

Role Structure of Ideal Job Development Team

Role	Activities	Qualifications	Resource Assistance Needed
Job Market Analyst	Prepares reports and summaries of labor market trends; analyzes utilization/underutilization patterns in local companies and industries; identifies current and prospective job opportunities for the hard-to-employ.	Professional training and experience in manpower analysis.	Access to labor market reports and summaries; access to company and industry studies of manpower needs; access to technical assistance for special surveys of community manpower and job vacancies.
Employment Specialist	Identifies decision-making patterns in local companies; analyzes job structure and occupational network in local companies; develops plan for job restructuring and job creation; works with employer to develop more realistic employment standards.	Previous experience in corporate employment helpful, especially personnel work; limited professional training.	Access to information on company employment practices (for example, recruitment, hiring, promotion); development of extensive contacts with employer community; access to professional engineering expertise on job restructuring; resource contacts with professions to advise on subprofessional development.

Role	Activities	Qualifications	Resource Assistance Needed
Placement Specialist	Matching of worker and job, management of agency community resources to improve client's job-readiness; special problem counseling; updating information on jobs, particularly skill analysis.	Some professional expertise in counseling and placement; marked empathy for client problems; demonstrated ability to analyze and overcome barriers to employment by mobilization of community resources.	Access to professional expertise in task analysis; access to information on community resources and aids to improve employability prospects for for clients.
Job Development	Coordinates information from team members to focus on strategy development for particular companies; selling of job development logic to employer; regular contacts with employer to develop new employment perspectives and high support agreement; arranges technical assistance for employer (for example, management education program); defines "corporate mood" for team members.	No special training but sales ability and empathy for client problems deemed important; ability to communicate with management.	Access to pools of technical assistance for the employer as an aid to selling; access to specialized counseling and management education services.

Role	Activities	Qualifications	Resource Assistance Needed
Job Coach	Maintains contact with hard-to-employ client both on and off the job; advises supervisors on handling of problems; advocacy for hard-to-employ worker; counseling worker and supervisor; feedback of information on worker success or failure to job development team with analysis.	No professional or formal qualifications; marked empathy for hard-to-employ worker problems; communication skills with clients and supervisors; knowledge of client attitudes, habits, aspirations. Indigenous worker who had demonstrated capacity to handle role.	Access to other team members for assistance and guidance.

Barriers to Jobs for the Hard-to-Employ

Overcoming employer resistance to employment for hard-to-place workers is a primary objective of the job development team. What are the principal barriers to jobs? There are at least eight major barriers.

Previous Work History. A principal disqualifier for the hard-to-employ is the lack of a consistent and well-organized work history. Frequent job changes, long periods of unemployment, and absences from the labor market are all perceived by the employer as risk characteristics for work. The employer may use these indicators as evidence that the worker is unmotivated or careless in work habits, rather than as evidence that the labor market is chaotic for the low skilled and that they may not possess the knowledge to seek and hold jobs.

Lack of Credentials. The employer may view lack of skill and educational achievement as evidence that the hard-to-employ worker would not perform well on the job. In such cases, the credentials for employment have become equated with the potential for performance. The employer may not recognize alternative qualities of workers that would permit them to master the job. The credentials mystique is deeply ingrained in all levels of the occupational structure and is a reflection of current job analysis and personnel techniques that develop job descriptions based on assumptions of the skill levels required to do a particular task.

Lack of Access to Job Information. Organized methods of transmitting occupational information in our society do not favor hard-to-employ workers. Where information is available, it tends to be impressionistic and unrealistic, and certainly does not facilitate employment prospects. The hard-to-employ worker does not move in an environment where there is ready access to information on job entry points, job requirements, and training opportunities.

Inadequate Health Status. In many instances, the hard-to-employ require corrective medical treatment before employment is possible. The rigid medical standards of many companies, frequently out of proportion to what is required for job performance, bar them from work.

Police Arrest Record. An arrest record may act as a barrier to employment in two ways: the employer may regard such a record as evidence of unreliability or untrustworthiness; and employers may feel that bonding and insurance procedures in their companies would be threatened by the employment of such individuals. Frequently the employer can be persuaded that if the applicant can perform the job, the arrest record is a meaningless factor

Attitudes and Values of Union and Management Decision Makers. A significant barrier to jobs for the hard-to-employ stems from the attitudes and values of key decision makers in management and unions. These attitudes frequently reflect an attachment to vested interests but often are the result of little acquaintance with the potential or capabilities of the hard-to-employ. In management, first line supervisors regard hard-to-employ workers as impediments to production schedules and fear a negative reaction both from upper management and subordinate workers. Crafts union members may feel that their status is threatened if under-trained and undereducated workers are employed in their type of job. Every organization--union, company, and public agency--has a certain logic of employment operation and there may be resentment toward workers who cannot operate within this logic.

Transportation Barriers. A significant problem for the hard-to-employ is getting to work. The inner-city ghettos are far removed from centers of good jobs and special arrangements for transportation must be made. Public transportation frequently does not join residence and work place of the hard-to-employ.

Stereotypes of the Hard-to-Employ. Considerable resistance to the employment of the hard-to-place worker stems from stereotypes about his motivation, attitudes, and behavior. Lacking close contact with them the better prepared workers, their supervisors, and management officials underrate the aptitudes and competencies for work of the hard-to-employ. To some extent these reactions reflect antagonism toward "the strange," "the unfamiliar," and "the person who is different." These reactions are very personal and may become submerged under rationalizations about possible work performance of the hard-to-employ.

We could add a number of other barriers to this list: out-and-out discrimination; the attitudes and values of the hard-to-employ themselves who frequently have poor work self-images or distorted work values; and frequently the absence of salable work skills. These are also substantial barriers to employment.

In placement these barriers must be recognized and attacked. The list of strategies is extensive but they reflect a single basic theme: the life situation and the characteristics of the hard-to-employ worker may have little to do with ability to perform on the job. Certainly opportunities for job performance should not be circumscribed by components of this life situation that have developed largely outside of the person's control.

Comments on Job Development for the Hard-to-Employ

A single recipe to insure effective job development for the poor is hard to come by. Job development activities will vary by context, characteristics of the client population, and the resource capacity of the sponsoring agency. Each job development unit will initiate plans and activities that use these considerations as reference points. It is possible to note, however, principles of operation that should apply widely to job development activities.

1. If possible, the job should be waiting for the trainee after course completion and every effort should be made to minimize the time gap between course completion and job entry. The trainee craves some measure of "instant success" and this is given to them by a clear view of the availability of a job, its content, and its prospects. "Time compression" between training and actual job entry minimizes the risk that the hard-to-employ will lose interest. Frequently, the trainee's main problem is a lack of income and its consequences. This problem can only

be solved by remunerative participation in a job.

2. Job development must be viewed as more than merely finding a job; it also involves job preparation as an integral part of the process. Basic to this job preparation is a series of remedial measures--medical, social education, work discipline training--coupled with measures to reassure the job applicant in testing and interview situations.

3. The mechanics of matching the client to jobs should begin far in advance of the completion of the training period and should involve consultation with the trainees, the teachers, the counselors, and the field personnel who solicit jobs. It must be recognized that the counseling-training-placement-job finding process is not a series of discrete activities but must involve a basic unity if the agency is to further the basic interests of the client.

4. The strategy in job creation is to sell the employer a logic of operation rather than the services of a particular client. The employer is being asked to go beyond the mere hiring of the applicant; it is incumbent on the employer to make changes and modifications in occupational and work structure to create "new jobs." It is basic that these modifications must improve company operation rather than be rationalized as a social cost.

5. Successful job creation projects are those that gain professional involvement at every step of the program. We assume that the professional is the best judge of what job duties can be subprofessionalized. This involvement must not be restricted to a symbolic role. This person's and cooperation must be solicited to create the job, set the standards, and

define superordinate-subordinate relationships.

6. As the job development project gets established and develops a good reputation with employers, repeat orders and "multiplication effect" account for an increased percentage of job orders. Job development should be more intensive at the beginning of a project and thus will require more resources. Once the basic foundation and pathways are developed, a steady flow of job applicants can be expected to follow in the footsteps of earlier candidates.

7. Follow-up activities with clients should utilize indigenous workers since experience shows that their performance in follow-up work surpasses that of professional workers. The familiarity with low-income neighborhoods and the ability to establish psychological and cultural rapport gives the indigenous workers a decided advantage in seeking and establishing contact with ex-clients. The use of indigenous workers serves a dual purpose: development of more accurate information and the establishment of a strong link between project and client.

8. Effective job development requires that the job development unit interact on a continuous and regular basis with other staff and components of the project and that some contact with individual clients be made available to them. The possibility of becoming overspecialized and impersonal is a real danger in the job development role. By their very activities, job developers are analysts of management rather than client problems. There is a real danger that one may over-identify with management if some steps are not taken to check these tendencies.

9. Learning new skills and knowledge about job openings does not guarantee job placement, since in many cases clients do not translate this learning into performance. We are limited in the extent to which the client can be "prepared" for jobs. The failure of clients to act, even when information is available, suggests that certain assurances about work must be built into the placement process. One effective assurance is the availability of supportive services to aid clients in job adjustment.

10. A more effective job placement strategy is to work through industry or business associations rather than with individual companies to promote the employment of disadvantaged youth. Frequently, the job vacancies that are important are not those that occur in a single company at one point in time but rather the chronic job shortage patterns in an industry or a cluster of companies. Knowledge of these patterns permits a developmental program on a long-range, sustaining basis.

11. The development of new jobs for the hard-to-employ must involve career development rather than merely job placement. The haste to create "new jobs for the poor" frequently overlooks the fact that the poor, like the affluent, are not only interested in holding a job but also in the job's opportunities for advancement. A "created job" should not be viewed only as a slot to be filled, but rather as a starting point in a job network.

12. The employer's personnel decisions should be mainly governed by the growth potential of the job candidate rather than by negative assumptions about the client's job worth or predictions of success or

failure. Getting the employer to adopt more realistic qualifications for jobs is an important consideration. A major breakthrough can be achieved when the employer is less concerned with what clients have been than what they can become.

13. There should be a regular proportion of staff time committed to follow-up activities, and the importance of follow-up activities must be impressed on all staff members. What happens to clients after training or counseling may be more important than what has happened to them during their association with the project. Follow-up activities should not take a back seat to other priorities but should be an opportunity both for information gathering and supportive services.

These thirteen guidelines are suggestive and begin to emerge as basic reference points for job placement and job development activities. We have restricted ourselves to a listing of "postulates" that seem to have had extensive verification through practice. The above report has certainly indicated many other insights that need to be further tested and verified. These constitute crude but necessary beginnings to the development of a much larger body of verified information in these areas.

Summary

1. We must recognize that multi-agency job development will involve agencies with different manpower perspectives. To be different is not a fault but it is absurd not to recognize these differences and reconcile them in terms of the needs of the client population and the goals of the

job development program. Some attention must surely be given to this problem in personnel training programs.

2. We must recognize that effective job development work requires a variety of skills and expertise in the unit as well as the importation of outside expertise when necessary.

3. We must recognize that job development requires the planning in advance of activities with consequent goals, objectives, and targets. The latter should be framed in terms of the needs of the client population and the resource capacity of the job development unit. Unrealistic goals become translated into despair and frustration for clients.

4. We must recognize the need for a central administration with the clear power to coordinate job development activities. As a corollary, we must recognize the need for autonomy and flexibility in a job development unit freed of traditional bureaucratic controls.

5. We must recognize that effective job development requires organization and a team effort. The notion of a single job developer role that incorporates all of the necessary skills is untenable.

6. We must recognize the need for effective training programs for job development teams administered by dedicated individuals who possess the requisite expertise and understand the concept of job development. An ineffective training program can thwart the objectives stated in items one through five.

ECONOMIC SELF-SUFFICIENCY PLANNING

LONG-RANGE PLANNING FOR ECONOMIC SELF-SUFFICIENCY

Objective: To understand basic principles involved in effective economic self-sufficiency plans.

Pretest: Evaluate the following plan.

EXAMPLE

Economic Self-Sufficiency Plan

Name: ____________________

Phone: ____________________

Social Security No.: ____________

Modification

I. Personal Data

Twenty-eight Mexican-American male, veteran, married, three children, 10th grade education, GED equivalent completed in service in 1967. Client has low boiling point--blows cool easily--lost six jobs in past two years, mostly low paying. No skill, client on welfare (off and on), extremely presentable but has chip on shoulder. Ex-boxer, still works out; client wants to be a high school coach. Likes working with children and young adults.

II. Socio-Economic Data

Welfare grant of $186.00 every two weeks. Wife wants to work in day care center. Social Worker: Mrs. Pimpleton, 236-5431 x36874.

III. Toward Economic Self-Sufficiency Plan

A. Goals (short and long range)--Social and Occupational

1. (Long Range) To become a H.S. coach.
2. (Short Range) P.T. work with Dept. of Recreation. Recreation leader with city of Portland.
3. (Short Range) Work with family on goal orientation.

Barriers:	Action Taken:
1. Police record (16 yrs. of age) gang activity & robbery--probation violation (fighting)	1.
2. Drivers License-Suspended 1 yr- No car	2.

3. Low educational achievement	3.
4. Personal appearance (dental)	4.
5. Clothing	5.

B. Tentative Phases of E. S. P.	Dates

Evaluative Criteria For Economic Self-Sufficiency Plan

A. Are goals:	Yes	No
1. Stated both immediately and long range		
2. Clearly defined		
3. Financially expedient		
4. Intellectually attainable		
5. Likely to be ego satisfying to client		
6. Able to satisfy needs other than financial		
7. Likely to bankrupt the family psychologically		
B. Does personal data include:		
1. Complete family information		
2. Complete educational history		
3. Complete test information		
4. Information about appearance		
5. Information about skills		
6. A brief job history		
7. Information about attitudes and values		
8. Information concerning health and any possible handicaps or disabilities		
C. Does the plan include:		
1. Explicit description of barriers to economic self-sufficiency		
2. Explicit means by which barriers may be removed		
3. Statements of opportunities available to optimize chances of success of plan		
4. Explicit plan of action		

LONG-RANGE PLANNING FOR ECONOMIC SELF-SUFFICIENCY

Vocational counseling is one aspect of overall counseling which must deal with decisions and action. Realistically speaking, it must also take economic conditions into consideration and incorporate them into the counseling and decision-making processes. The rapid changes in social and economic trends make it increasingly important for individuals to continually reeevaluate their short-term and long-term goals.

In assisting a client with vocational decision-making, the counselor must consider the influence of client's self-concept on their economic aspirations. Generally speaking, the lower the self-concept, the lower will be client goals. All persons must develop financial plans that seem realistic and attainable for whatever their individual characteristics and conditions may be. Planning for economic self-sufficiency is more than budgeting; it requires integrating occupational, educational and financial considerations into goals which are realistic in terms of the client's self-concept. In addition to considering the person's working life, it also is important to consider leisure time, which has been and will continue to increase in the future.

In assisting a client with a long-range plan for economic self-sufficiency, the counselor will need to consider the person's present social group, which largely affects the client's attitudes and aspirations. Discussing the possible benefits of continued education also is important in planning long-range goals. The cost of education and training is an important consideration, along with probable financial gains resulting from such an investment.

In developing an economic self-sufficiency plan with a client, the counselor should obtain as much information as possible about the individual's family and educational history, as well as his/her attitudes and values, which will largely be reflected in self-concept and aspirations. For example, a client who was raised in a lower-middle-class environment, whose father spent his life working in a factory and struggled to support the family, and who barely managed to complete high school, will very likely have lower aspirations than a client from an affluent family who has had educational opportunities to choose from. In evaluating the client's personal background, however, the counselor should try not to impose limits on the person's goals if additional information indicates the possibility of reaching them. It might be helpful to administer a series of tests to the client, to assess his/her aptitudes and interests which he/she may previously not have had the chance to realize or consider. The educational background may be limited or indicate a low level of achievement, for example, yet certain tests may indicate special skills or potentials which the client has not acutalized. It is important, therefore, that the counselor compile as much information as possible about this individual, including appearance, health and any possible handicaps or disabilities. The personal data will help the counselor evaluate a number of number of possibilities without unjustifiably limiting or categorizing the client.

Once certain goals have been established, the counselor should review them with the following criteria in mind: are they clearly defined? Ave they stated both immediately (with concrete action to be taken) as well as long range? Are they financially realistic and expedient? Are they intellectually attainable? (This will take into consideration the client's educational history as well as predictable test results.)

Having established an open and honest relationship with a client, the counselor will have some insight into the person's self-concept. With this in mind, the client's goals should be evaluated in terms of how likely they will be ego satisfying. Will they be able to satisfy needs other than financial? How much of a psychological burden will they place on the person in the process? Will they likely experience undue psychological stress in striving for attainment of their goals? How might they affect responsibilities and personal relationships? Will the advantages outweight the price which must be paid? Does the person possess enough inner-strength and self-confidence to pursue the goals, and withstand possible set-backs or failures? Will the person likely be able to persevere in spite of such circumstances?

What are some of the barriers the client will have to overcome to reach economic self-sufficiency? Have they been explicitly described and understood by the client? How can these barriers be removed? What are the explicit steps to be taken? Does the plan describe specific and explicit action to be taken?

Finally, the counselor should discuss with the client what opportunities are available to maximize the chances of success. In developing a long-range plan for economic self-sufficiency a counselor is most helpful when one can realistically outline goals and barriers while still maintaining and/or generating an optimistic outlook for the client.

REFERRAL STRATEGY

REFERRAL STRATEGY

Objective: Awareness of principles of client referral.

Pretest

1. Referral should occur when:

   a. A crisis exists for the client.
   b. The counselor is unaware of immediate resources to meet the client's needs.
   c. The client requests it.
   d. The client's needs exceed the counselor's or agency's capacity to respond.

2. Referral should be viewed as:

   a. a process
   b. an event
   c. an admission of inadequacy by the counselor
   d. outside the counselor's role as a rule

3. Referral decisions should be based on:

   a. the counselors professional competency
   b. legal regulations governing the agency
   c. personal considerations
   d. all of the above

4. Referral involves a very important ethical judgement regarding:

   a. confidentiality
   b. privileged communication
   c. the client's best interest being served
   d. none of the above

5. Referral should not be made if:

   a. the client won't accept the recommendation
   b. if the counselor isn't sure whether the desired services are available at the referring agency
   c. the receiving agency hasn't been informed of the referral
   d. all of the above

True or False

_____ 6. Referral includes the phases of pre-referral activities, the referral decision and follow-up.

_____ 7. The counselor's responsibility to the client ends when the referral agency accepts him/her.

_____ 8. Follow-up activities are essential for effective referral.

_____ 9. Most large metropolitan areas have a comprehensive community resources handbook which counselors may obtain for referral purposes.

_____ 10. In cases where referral seems appropriate the client's welfare always should take precedence over administrative expediency.

Answers to Pretest

1. d
2. a
3. d
4. c
5. d
6. T
7. F
8. T
9. T
10. T

REFERRAL STRATEGY

By definition referral is the act of transferring an individual to another person or agency for specialized assistance not available from the original source. Several misconceptions have been relatively widespread regarding the nature of referral.

First of all many persons see the process as occurring only when a crisis exists. Thus, the referral would involve some immediate emergency assistance of some sort and would probably always be hurriedly arranged. Viewed in this light it would not be seen as an orderly adjunct service to the counseling already being provided for the client.

Secondly, many counselors see their responsibility to the client having ended once the referral is made--the problem(s) is now someone elses and I can move on to other concerns. This is, of course, absurd since the client is still yours until some satisfactory resolution of problems has occurred or the client has decided to terminate the relationship. This implies follow-up and evaluation of the appropriateness of the referral.

Thirdly, many counselors see themselves primarily as brokers of services so that referrals are made rather routinely whether the counselor could well have dealt with the client's problem without further referral. This creates a feeling within clients of being shuffled from pillar to post with no one accepting the responsibility of providing direct assistance. This absolutely should not be the case in our opinion.

Referral Procedures

Referral should always be viewed as a process and not an event. The process can be divided into three major segments: a) pre-referral activities, b) the referral decision (agreement with client on appropriate referral source and referring), and c) follow-up and evaluation of effectiveness of the referral.

Pre-referral activities include the following:

- identification of the referral agencies in the area which may be utilized by your clients.
- obtaining literature from agencies where referrals are likely to be made.
- visitation to referral sites (as frequently as time permits) to ascertain services, style of response, requirements for service, etc. What appears in literature about an agency may not fairly represent what happens if you go there for service.
- establishment of contact persons within those agencies with whom you are most comfortable in working who may facilitate your client's needs being met.
- careful review of your client's needs which cannot be met by you either because of skill or institutional limitations.

Referral decision. Sooner or later every counselor will be faced with clients whose needs exceed his/her capacity to respond. These needs may vary from information the counselor doesn't possess, serious emotional disturbances, or to supportive services that the counselor's particular agency is not designed to provide, e.g., dental assistance, child care, legal aid, health care, etc. It is critical that a counselor be able to make an accurate preliminary appraisal of the client's needs so that the person may receive the necessary assistance as quickly as possible. The counselor must avoid seeing any referral as routine or mechanical since the client may have already experienced a great deal of impersonal treatment by other agency personnel with whom she/he has come in contact.

Ramsey (Personnel and Guidance Journal, Vol. 40, 1962) suggests that there are three sets of criteria which may guide the counselor in making a referral decision. They are 1) professional competency, 2) legal regulations, and 3) personal factors. (Of course, the guiding principle in the application of these criteria is the overriding concern regarding what is best for the client.)

Professional competence criteria involve two appraisal decisions. First, what are the needs of the client and secondly what are the counselor's ability and resources to meet those needs. If after a careful appraisal of client needs and counselor resources reveals that the client could be helped more elsewhere, it is ethically mandatory that the referral be made. The following are some of the appraisal questions with which counselors must concern themselves:

> Why is the person here in the first place?
> What are the expressed needs?
> What resources does the client have?
> What resources do I have?
> What resources are there in the community?
> Are my skills and training adequate to handle these need requirements?
> Does this person expect more of me than I will be able to deliver?
> Will there be resistance to a referral?

Ultimately, the counselor must make the decision whether to refer or not. The critical point is not to refer too quickly while at the same time remembering not to take on more than one is able to deal with effectively.

Again, the client's welfare is the critical focus not the ego of the counselor.

The second set of referral criteria which Ramsey suggests are those involving legal regulations. Various services are frequently regulated by state law and the counselor would be ill-advised to attempt to provide services which are the legal responsibility of another professional group, e.g., medical diagnosis, marriage counseling, care for dependent children, legal advice, etc. Not only is the practice questionable legally it certainly is not ethical to encroach in areas where one is not credentialed or prepared adequately through training to handle.

The final suggested criteria regarding referral are those reflecting personal concerns of the counselor. Referral should always be made if for personal reasons the counselor does not wish to work with the client or when there is a possibility that the relationship will stand in the way of the client receiving the appropriate assistance, e.g., when prejudice exists or a deep emotional attachment which would preclude the counselor being able to objectify the relationship.

Perhaps the most critical step in the referral process is assisting the client to accept the referral. It is easy enough to provide the client with all the appropriate information about where to go, who to see and when to be there. The problem lies in how willing the client is to follow-up on the referral. This is probably facilitated best if the client has been actively participating in the counseling process and if the relationship with the counselor has been a warm, empathic one. When this does not exist the counselor must bend every effort to make the referral transition as pleasant and free of anxiety as possible. This means making all information very clear to the client; preparing the receiving agency so that whoever intakes the client is expecting him/her and following-up to make certain the person gets to the appropriate place on time.

Follow-up

Many times the receiving person or agency will report back to the counselor who made the referral. This helps to complete the total referral process. However, when this is not a regular practice it is the responsibility of the referring counselor to complete this process by phone, letter, or personal contact. The evaluation of the referral should include a reference to whether the person kept the appointment on time and if not, why; whether the referral source was able to respond appropriately to the client's needs; was the client pleased with the referral; and, finally, were there any administrative details that were improperly handled. The question of whose responsibility the client currently is must be clearly understood also. If it is now that of the referral agency, then this must be made clear to the agency and the client so that the client's welfare is the focus rather than administrative expediency.

Types of Referral Sources Commonly Utilized by Counselors

The following is a generic listing of types of agencies commonly found in metropolitan areas. Every counselor should avail themselves of whatever referral resource listings that have been prepared in their particular geographical area. These can generally be obtained through the local United Good Neighbors group or whatever similar coordinating agency exists in your community.

Functional Referral Listing, Portland, Oregon

Adoption Services
Adult Education
Aged - Homes and Nursing Homes For
Aging - Information and Referral Services For
Aging - Planning and Coordinating Services For
Aging - Recreation and Special Activities For
Alcohol Problems
Armed Forces and Dependents, Services For
Birth Control
Blind - Services For
Camping - Day
Camping - Resident
Children - Foster Care and Group Home Services For
Children - Institutions For
Children - Institutions for Delinquent
Clinics and Outpatient Departments
Community Centers
Community Planning
Consumer Protection
Correction Services
Counseling
Day Care for Children
Delinquency
Dental Services
Drug Problems
Education - Informal
Education - Special
Emergency Assistance (Food, Goods)
Emergency Shelter
Employment Information and Training
Family Life Education
Family Planning Services
Family Service
Federated Fund-Raising
Financial Assistance and Credit Counseling
Foster Care
Group Homes
Guidance and Counseling
Handicapped - Services For
Health Services and Health Education

Hearing and Speech Services
Home Health Agencies and Nursing Services
Homemaker Service
Homes for the Aged
Hotlines
Housing and Housing Information
Indian - Services For
Information and Referral Services
Intergroup Relations
Legal Services
Maternity Care
Mental Health Services
Mentally Retarded - Services For
Migrants - Services For
Minorities
Missing Persons Service
Neighborhood Services and Development
Nursery Schools
Nursing Services
Nutrition Education and Assistance
Planning and Coordinating
Prisoners - Services To
Probation and Parole Services
Protective Services
Psychiatric Services
Psychological Services
Public Welfare Services
Race Relations
Recreation and Group Work Services
Rehabilitation Services - Physical
Rehabilitation Services - Vocational
Salvage Bureaus
Sheltered Employment
Social Security
Toys and Christmas Assistance
Unmarried Parents Services
Veterans Services
Volunteer Opportunities
Youth Counseling and Services

ACCOUNTABILITY METHODS

ACCOUNTABILITY

Objective: Understanding of basic principles of counselor accountability.

Pretest

1. According to Fuller, accountability involves:

   a. clearly stating program objectives
   b. stating the processes counselors will engage in
   c. describing how your program is to be evaluated
   d. all of the above

2. The first component in a comprehensive accountability system is:

   a. a description of all your program components
   b. a statement of philosophy (values and beliefs)
   c. a cost analysis of various program components
   d. a description of evaluation procedures

3. Fuller believes that goals:

   a. need not be stated in measurable terms
   b. should be a statement of the agency's intended composite outcomes
   c. represent the agency's "reason for being"
   d. all of the above

4. Counseling objectives should:

   a. be stated in measurable terms
   b. be written only in terms of counselor input
   c. describe the general agency mission
   d. b and c

5. Counseling objectives may legitimately be:

   a. cognitive, affective, consequences or process
   b. only developmental in nature
   c. unrelated to the evaluation design of the program
   d. none of the above

6. Counseling activities:

   a. should be general statements of counselor role
   b. are not an important component of an accountability system

c. should be directly related to counseling objectives
d. none of the above

7. Cost benefit analysis:

a. is the same as cost effectiveness analysis
b. is a straight line input/output analysis
c. is difficult in the social sciences
d. b and c

8. Cost effectiveness involves:

a. finding alternatives that minimize cost outlays when given a predetermined level of effectiveness
b. finding alternatives that maximize effectiveness given a predetermined cost outlay
c. a and b
d. none of the above

9. Effective time management:

a. is generally not a significant problem for counselors
b. is one key to counselor overall effectiveness
c. is relatively simple for most counselors
d. results from frequent organizational meetings designed to improve communication

Answers to Pretest

1. d
2. b
3. d
4. a
5. a
6. c
7. d
8. c
9. b

ACCOUNTABILITY

Unfortunately the term "accountability" does not have a common connotation for everyone who uses the expression. For some people the term connotes holding a person, agency, or organization responsible for some previously agreed upon outcomes. For others it merely means accurately recording how one's time has been spent. For still others, there are heavy implications regarding cost-benefit questions with regard to agency or organizational goals or commitments. Questions regarding accountability are at least as numerous as any widely agreed upon criteria for establishing an accountability system, e.g.,

- to whom should I be expected to be accountable? (client, supervisor, funding source?)
- for what should I be held accountable? (time, input, output?)
- who else or what circumstances impinge upon my ability to be held accountable? (management, instruction, environment?)
- how shall my successes (failures) be measured? (quantity, quality?)
- does a well-planned accountability program focus on formative or summative evaluation (or both)?

For purposes of this discussion, counselor accountability will refer to the extent to which counselors will accept responsibility to their agency and clients for identifying desired client outcomes and providing services which will lead to achievement of those outcomes. An additional dimension of the accountability system envisioned here is that data will be accumulated which will provide for program quality control as well as knowledge of relative cost of services provided. Thus, a comprehensive accountability system will have the following elements:

- clearly stated program objectives related to client outcomes
- statements of processes related to the achievement of the outcomes
- evaluation methodology including:
    - * record of client outcomes
    - * record of counselor activities
    - * analysis of cost of services

In summary, a sound counselor accountability system provides for a systematic method of monitoring the success of the counseling program and improving the quality of services as well as assessing the relative cost of each program component.

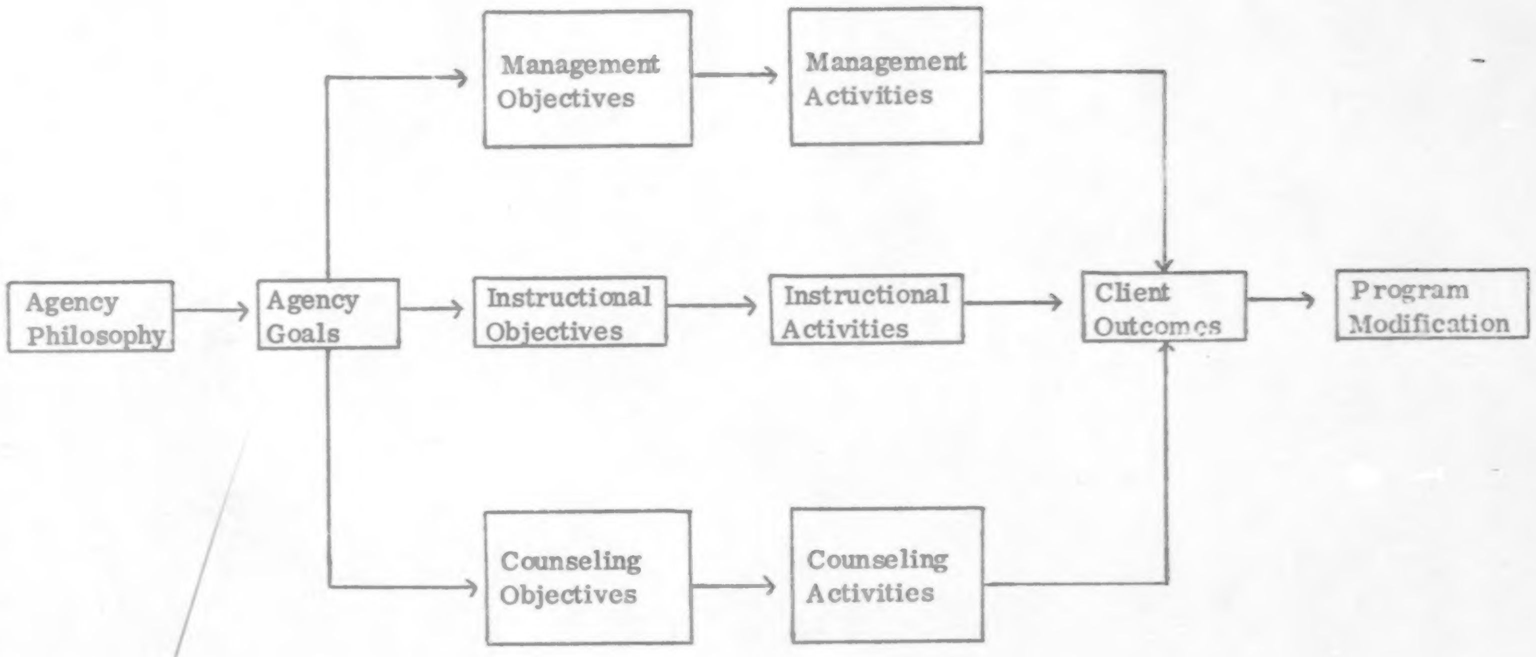
Format of Total Accountability System

The attached format on the next page has been developed as one approach to communicating your program accountability to those to whom you are responsible. There are other alternatives, of course, but the specific advantages of this plan are that it provides a clear picture of the total management and accountability plan so that objectives, processes, and costs are clearly observable by everyone concerned. Such a system is open to modification when accumulated data provides evidence that change would be advantageous.

Values and Beliefs

One of the most frequent problems which occurs in agencies which are attempting to respond to societal needs is that there are frequent

BASIC ACCOUNTABILITY SYSTEM


Agency Philosophy
Agency Goals
Management Objectives
Management Activities
Instructional Objectives
Instructional Activities
Counseling Objectives
Counseling Activities
Client Outcomes
Program Modification

clashes of values between agency components or individual staff members. For example, a counselor might take very seriously the belief "each person is unique" and attempt to act on that premise by individualizing and personalizing his counseling. If the agency management is committed to responding identically to all clients a clash of values occurs. This problem is geometrically compounded by factors such as:

- external evaluation of effectiveness of agency based on a single criterion such as "job placement."
- different interpretations of concepts (e.g., is "placement" an event or a process?)
- pressure to utilize the agency as a political tool to meet someone's power needs
- lack of understanding by agency personnel of needs of the population being served by the agency

With these and other constraints impinging upon the counselor's ability to respond to client needs it becomes increasingly important to have a clearly defined statement of agency values and beliefs. Any component objectives (e.g., management, counseling, instruction, or whatever) should be consistent with the stated beliefs of the entire agency. Doing this will not guarantee a conflict-free environment but will at least provide a clear basis for resolution of differences.

The following statements are examples of statements of values and beliefs which represent a sample from the universe of possibilities which might be used as a foundation for agency services.

Agency
Values &
Beliefs

Statement of Agency Values and Beliefs*

- Every individual is of infinite value.
- Every individual is unique.
- Education should help a person become free. (Freedom is the power to choose from among alternatives with the acceptance of the consequences for the choices made.)
- People given the truth, will usually make wise choices.
- Power (political and economic) must be widely shared among all the people if tyranny is to be avoided.
- Existing political processes can be used for change and, in fact, are the best known means for political change.
- Institutions and agencies are/or continue to be, valuable only as they help achieve the persistent aspirations of man and meet social needs.
- The good society is the open society.
- People are more important than things.

For the purposes of this discussion, agency "goals" will be defined as the broad statements of mission for the total agency program. They need not be stated in measurable terms but rather should represent intended composite outcomes. They represent the agency's "reason for being."

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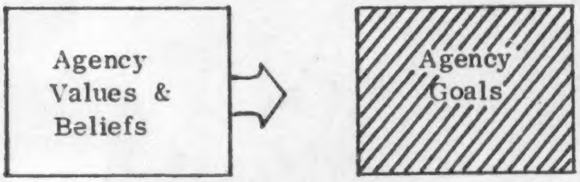
*Excerpt from Career Education in Florida, an official Department of Education Position Paper, October 1973.

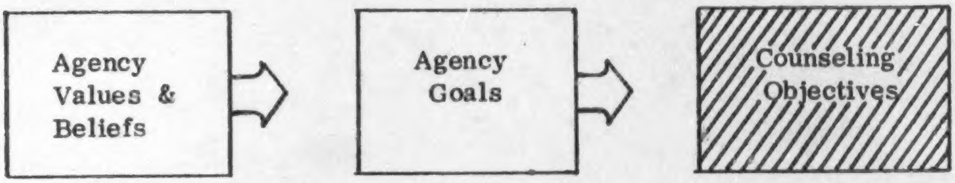


Agency Goals

1. To assist clients in identifying their potential and in removing barriers that affect the achievement of their personal aspirations regarding career, family, community and society at large.

2. To prevent, insofar as possible, disruption of clients' movement toward the accomplishment of their aspirations.

3. To develop opportunities for clients' needs to be met in the community independently of agencies' intervention.



Counseling Objectives

The counselors' role in the accomplishment of the agency goals must be stated in some sort of measurable terms if their success is to be evaluated with any degree of objectivity.

Developing Counseling Program Objectives. Several methods have been advocated for development of counseling objectives. Obvious possibilities would include:

- utilization of the current counseling program converted to a performance format
- a client needs assessment
- a system needs assessment

- utilization of objectives from studies such as Wellman's National Study of Guidance

Examples of each source of objectives are contained in the Appendix.

Types of Counseling Objectives. Referring back to our original statement of agency goals please note that comparable client objectives could be roughly categorized under three broad headings, namely:

Developmental -	those objectives which relate to general (developmental) needs that everyone has
Preventative -	objectives which relate to creating an environment which prevents problems from developing
Remediative -	objectives which relate to the special remedial needs of any one segment of the population served

An additional factor to consider is that within those categories there can be at least four different types of objectives which are legitimate for a comprehensive guidance program. They are:

Cognitive - related to client knowledge
Affective - objectives dealing with attitudes and values
Consequence - dealing with changed behavior
Process - objectives which describe an activity the client engages in or that the counselor does as a service to clients

Examples follow:

I. Developmental Category (see Agency Goal #1)

A. Cognitive objective* - All counselees served by the agency will identify their career goals and will develop an employability plan to achieve their goal.

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*also "process" objective, e.g., the client engages in an activity.

II. Preventative Category (see Agency Goal #3)

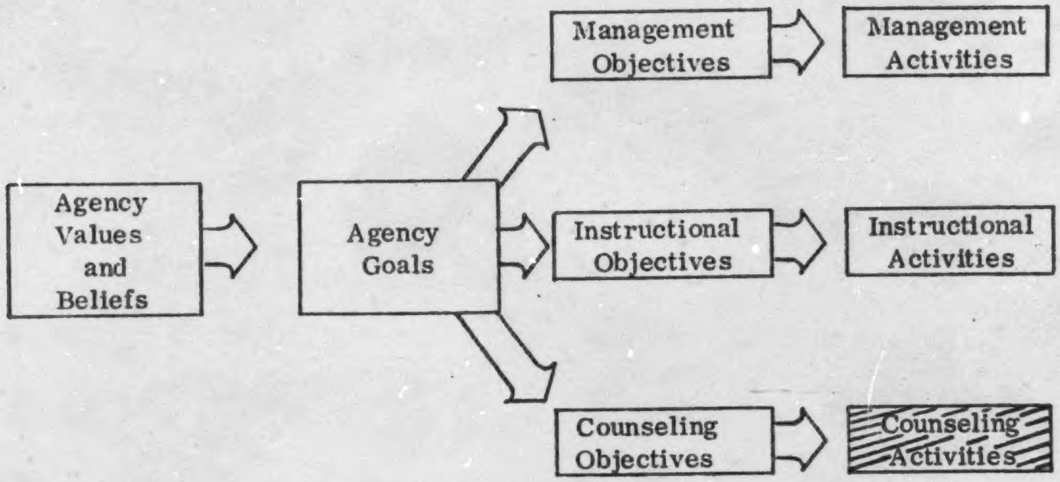
A. Process objective - All components of the agency having potential negative effects on clients will be identified by the counselor and potential solutions will be sought cooperatively with the unit or staff member involved. (Note: This is an indirect service to all clients.)

III. Remediative Category (see Agency Goal #2)

A. Affective - All counselees referred because of "attitude" problems will show a reduction of referrals by the end of training and will not be removed because of "attitude."

B. Consequence - 90% of all clients identified as not being job-ready at entry will demonstrate job readiness at termination of agency contact by being employed.

By categorizing objectives in such a manner it is possible to provide a logical rationale for all the activities which have become a part of the role of the counselor. Activities that the counselor engages in are always related to the developmental needs of all clients; to the prevention of problems or to the remediation of problems that already exist. Thus, a basis for revising the amount of time one spends on any activity begins to emerge (e.g., Do I spend all my time "putting out fires" for a select few of my clients? Am I doing many things that are not contributing to my objectives?, etc.).


Management Objectives
Management Activities
Agency Values and Beliefs
Agency Goals
Instructional Objectives
Instructional Activities
Counseling Objectives
Counseling Activities

Counseling Activities

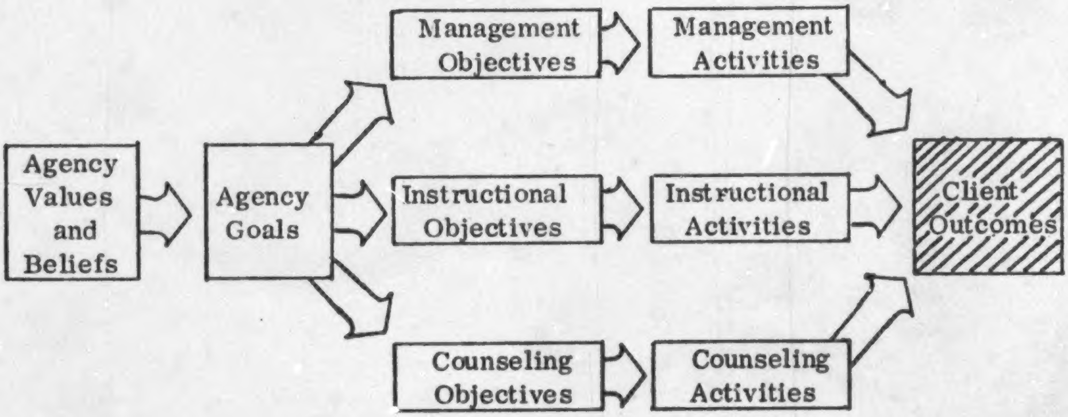
Counseling activities in which one engages should be associated with the previously stated counseling objectives.

Example:

Objective - Employability plan for counselees

Activities -
1. Obtain assessment data on each client
2. Interpret data to client
3. Explain employability planning
4. Develop plan with each
   (Note: Decision must occur at this point as to how each of these activities will be done, e.g., individually or in groups, and by whom e.g., counselor, counselor aide or whoever.)

Activities may then be evaluated both in terms of client outcomes as well as total cost to agency.



Management Objectives
Management Activities
Agency Values and Beliefs
Agency Goals
Instructional Objectives
Instructional Activities
Client Outcomes
Counseling Objectives
Counseling Activities

Client Outcomes

Data regarding outcomes can be acquired and reported in several ways. We can both group the data showing the composite results of our counseling activities as well as breaking out the results of counseling for an individual client. Examples of both on a final report are contained in the Appendix.

Cost-Benefit/Cost Effectiveness

For a more detailed discussion of this subject please see "Making Sense of Benefit-Cost Analysis and Cost-Effectiveness Analysis" by Sanford Timkin in Improving Human Performance: A Research Quarterly 1974, Vol. 3, No. 2, pp. 39-48.

Cost-Benefit. Because it is virtually impossible to reduce the benefits of agency service to the common terms of cost, namely dollars, the classic model for cost-benefit analysis simply does not apply well to the social services sector except for occasional instances. For example, counselor intervention might result in a higher average daily attendance in a school district and the actual benefits could be measured in increased funding for the schools. Seldom does such a nice relationship between outcomes and dollars exist, however.

Therefore, the most defensible posture one can take regarding cost-benefit analysis in counseling is a straight input-output analysis. That is, we can project what the potential benefits of a program are and the amount of money necessary to achieve those outcomes. The end-of-year comparison yields data to inform us whether it cost more or less to achieve the outcomes; where the greatest amount of money was spent, how the expenditures related to stated priorities, etc.

This analysis does give us a systematic method for evaluating allocation of resources and personnel but we cannot be absolutely certain of the relative worth of various activities we participate in. As we conceive it then, cost-benefit in social services is simply a straight line estimate (or analysis) of potential or actual outcomes and potential or actual costs.

Cost Effectiveness. According to Timkin cost effectiveness can be viewed from at least two perspectives: 1) for a given level of effectiveness, find the alternative(s) that minimize cost outlays; and, 2) for a given level of cost outlay, find the alternatives that maximize effectiveness.

Example: 1. Suppose that counselors routinely administer a particular test battery and the outcome is that each client completes the testing according to administrative protocols. The cost effectiveness question is: "Can the same outcome be obtained with less outlay of money?"

Alternative(s): 1. Let paraprofessional administer test.
2. Is there a short form which provides same data?
3. Can it be self-administered?

Example: 2. Given that a 10% level of absenteeism exists in your training program over a period of time using treatment X. The cost effectiveness question is: "Can we reduce absenteeism utilizing some other treatment?"

Alternative(s): 1. Increase treatment.
2. Modify treatment (e.g., individual vs. group)

Comparison of treatment results answers the cost-effectiveness question.

Time Management*

Effective counselors know where their time goes. Effectiveness begins with a counselor's management of time, not of tasks. You must know where your time is going and how it is being used before you can manage it efficiently and effectively. The foundation of time management is the knowledge of time.

How does one acquire this knowledge and consequently learn to manage time well?

1. Begin by keeping a log of your time. How much time do you spend on certain activities, performing certain services? (And how much time do you spend accounting for your time?)

2. Systematically manage your time. Now that you know where your time is going, find and eliminate unproductive, wasted action and begin to systematically manage your time. Here is how:

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*Developed from: Drucker, Peter, The Effective Executive.

a. Of each task ask "If this were not done, what would happen?" If the answer is "nothing," drop it. Ask the same question of all activities.

b. Ask which activities on the log could be done better or just as well by someone else (there must be someone else). Delegate the responsibility for those activities/ services if possible. (Do not let your ego get in the way.)

3. Consolidate time; dispose of it in large parts. Here are some suggestions:

a. To write a report may require six or eight hours for the draft. However, it is pointless to give seven hours to the task by spending fifteen minutes twice a day for three weeks. Instead, spend enough time to complete the draft in one or two sessions.

b. To spend only a few minutes with people is non-productive. Make sure to take enough time to do whatever needs to be done in each conference.

c. Get all letters, phone calls, etc. out of the way in one block of time.

d. Make large units of time available for big tasks that will really make a contribution.

In monitoring your time watch for these major causes of wasted time:

1. Lack of system or foresight. For example, recurring crisis, normally the same crisis should never occur more than twice. When a crisis occurs try taking the following steps:

a. Meet the crisis - put out the fire

b. Ask, "Why was it a crisis."

c. Ask, "Is it likely to occur again?" If so, attempt to set up a system now which will prevent it from being a crisis the next time around. If it requires time and effort from others to implement the system be certain to specify who will do what by when in order to achieve this.

2. Over or under staffing. People can get in one anothers way. (Really, this is common problem in some organizations.) Of course, one person can be expected to do far too much in the time available.

3. Malorganization. An excessive number of meetings, particularly to clarify responsibilities, functions, policies and procedures is a symptom of malorganization.

4. Malfunction of information. This is reflected in either a lack of information or information presented in the wrong form. . .in any event not having information when you need it in the form you need it.

Basic Principles

1. Get rid of the old. Ask, "If we did not already do this, would we do it now?" If not, drop it.
2. Aim high for something that will make a difference.
3. Decide what not to do.
4. Choose your own direction; do not jump on the band wagon.
5. Focus on opportunity rather than on problems.
6. Favor the future over the past.

The effective counselor focuses on opportunity. If pressures are permitted to determine priorities, good priorities will be sacrificed. Effective counselors seriously question the past by constantly challenging current practices.

7. Do not be overly impressed or concerned with speed but instead quality.

8. Recognize that decisions do not emerge from concensus on facts but from judgments, conflicts, and clashes of opinions.

9. Start with opinions, not facts, recognizing that opinions are hypotheses which must be tested.

Appendix

1. Objectives Derived from Current Counseling Program
2. Objectives Derived from a Client Needs Assessment
3. Objectives Derived from System Needs Assessment
4. Objectives Derived from Wellman's National Study of Guidance
5. Counselor Log
6. Counseling Services Cost Analysis
7. General Goal B--Decision-Making (Personnel and Guidance Journal, Vol. 52, No. 10, June 1974, pg. 643)
8. Goal Attainment Guide

Objectives Derived from Current Counseling Program

Process:

1. Conduct a study of counselor activities over a predetermined time segment, e.g., one month.
2. Examine the number of requests for service and types of activities engaged in.
3. Describe the expected outcome of services offered.
4. Formally state the objective, activity and expected outcome.

Example: Suppose you have routinely scheduled administration of interest tests for all agency clients. Your objective could be written as follows:

Objective: Each client will be aware of his positive and negative occupational interests.

Activity: The counselor will administer and interpret the SVIB to all clients.

Desired Outcome: Each client who takes the SVIB will be able to verbally describe his three most positive and three most negative measured interests.

Actual outcome and cost can be described in a final accountability report.

Objectives Derived from a Client Needs Assessment

Process:

Assessment is constructed to diagnose clients' perceptions of their needs. Items such as educational advising, study skills assistance, personal confidence building, problem solving, etc. could be included. An open-end format would allow students to describe needs which no one on the staff might have recognized.

Example: A client needs assessment results in 75% of the clients indicating a very strong need for assistance in vocational decision-making. Your objective might be:

Objective: Each client will demonstrate vocational decision-making skill.

Activity: The counselor will identify all students desiring vocational decision-making assistance. Each student so identified will be exposed to the Krumboltz-Baker Vocational decision-making training.

Desired Outcome: Each client who receives the K-B VDM training will be able to identify the K-B six-step process and will provide evidence of having applied the model to his/her own decisions.

Objectives Derived from System Needs Assessment

Process:

An analysis of the agency needs is completed in order to determine what specific needs could logically be met by the counselor and be consistent with his areas of professional expertise. Meeting other needs should fall in the province of the instructional or management section of the agency staff.

Example: An analysis of the needs of the system reveal that job placement has been mandated by the funding agency as a top priority of your unit. An objective which would evolve from this assessment of the "systems" needs might be:

Objective: Each client will have job finding skills.

Activity: The counselor will 1) conduct classes in job finding techniques; 2) provide students with training in interviewing techniques; 3) develop jobs for clients whenever possible; and, 4) provide for a career information center for clients' use.

Desired Outcome: Upon exiting from the agency, each client will find a job if he/she so desires.

Objectives Derived from Wellman's National Study of Guidance

Process:

Obtain the categories of Wellman's study and write objectives from each category relating them to your agency mission.

Example: One major category of guidance objectives are those called Perceptualization Objectives. A sub-category is Environmental Orientation. An objective might be written as follows:

Objective: All students (enrollees) will possess an awareness of their agency setting.

Counselor Activity:
1. Orientation sessions with all students regarding:
    - a. physical plant
    - b. curriculum
    - c. regulations
    - d. extra-curricular offerings
    - e. available services

Anticipated Outcome: Students (enrollees) will answer an orientation knowledge survey with 90% accuracy.

Sample

Counselor Log

Counselor John C. Latelee

Date 10/15/74

Time	Activity	Outcome
1-1/2	Prepared hand-outs for group counseling session.	Sent to media center for reproduction.
3/4 3/4	Counseled Jack B. Quick (self referral)	Reported no problems with GED instructor. Referred for dental exam. Reviewed employability plans. He is on target with plan.
1-1/2	Answered correspondence.	Caught up with all correspondence.
1/4	Had conference with GED instructor re: J. B. Quick	No problem with Jack for last 2 weeks. He was happy with results of counseling.
1-1/2	Attended staff meeting	1. Obtained new organizational chart. 2. Received information regarding new referral procedure.
1	Called employers to try to develop job for Granville Kanyon	Possible job later with Continental Can Company. Must follow-up next week.
1/2	Returned phone calls from morning	Completed all except Jerry L. Manders. No answer.
3/4	Updated client folders with new test information from GATB administration	All complete.
1/4	Planned tomorrow's activities	Priority list for tomorrow.
1/4	Completed this log	

8-1/4 Total

Counseling Services Cost Analysis

Salary $1,000/Mo. Overhead Factor 50% Hourly Rate 9.37 $\frac{\$1,500}{160 \text{ hrs.}}$

Objective	Outcome	Counseling Activities	Hours	Cost
I. Completed employability plan for all clients	300 out of 342 clients served identified realistic career goals and	1. Group test administration	22	$ 206.00
		2. Test interpretation (group)	6	56.00
		3. Individual conferences	317	2,970.00
		4. Review and evaluation of assessment information	18	169.00
(Grouped data costing)				$3,401.00
II. Elimination of hassles between client X and instructor in GED class	Client reports going from several angry exchanges per week to none during last 8 weeks of enrollment	1. Taught client new communication skills including how to send "I" messages	3	$ 28.00
		2. Discussed client motivation with instructor and encouraged instructor to use reinforcement of positive responses of client	1	9.00
		3. Followed up with conferences with both clients	2	19.00
(Individual data costing)				$ 55.00

Narrative:

I. My opinion is that we should arrange to have tests proctored by counselor aides. This can be accomplished at half the present cost and there is no reason to believe there would be any reduction in efficiency if they were properly trained.

II. With reference to client X, I believe that my intervention was more effective in reducing confrontive interchanges than any I have previously used. I intend to keep track of how this strategy seems to work with other clients.

GENERAL GOAL B--DECISION MAKING: Help students learn how to make decisions wisely*

ACCOMPLISHMENT			COST		
Problem Identification	Method	Outcome	Activity	Hours	Dollars
178 seniors volunteered for vocational decision-making program; 25 were picked at random	Group counseling; vocational simulation; outside exploratory assignments	19 mastered and applied 8-step vocational decision-making process, ending with written tentative action plan; each verbalized how process could apply to new decisions; 6 verbalized process but did not apply it to own vocational decision	Questionnaire administration/analysis.	4	56
			Preparation for learning activities.	20	280
			Group meetings.	10	140
			Job Experience Kits (reusable).	0	173
			Follow-up evaluation.	25	350
					999
389 students complained that their initial schedule was unsatisfactory because of "friends in another section," "personality conflict with teacher," "just heard of new requirement," "bored," etc.	Individual conferences; complete administrative procedures	378 schedule changes; effect on decision-making ability unknown	Conferences with parents.	19	266
			Conferences with students.	121	1,694
			Write revised schedule for computer.	68	952
			Troubleshoot & blow off steam when computer sends faulty information.	76	1,064
					3,976
157 phone calls & visits requesting information, e.g., school SAT number, testing dates & locations, next PTA meeting, location of nurse's office	Provide information requested or refer to alternative source	Unknown	Telephone calls.	20	280
			Conferences.	28	392
					672

*Personnel and Guidance Journal, Vol. 52, No. 10, June 1974; pg. 643.

GOAL ATTAINMENT GUIDE*

	Goal Headings				
Levels of Predicted Attainments	Goal 1: Hassles with GED teacher	Goal 2: Improve tardiness	Goal 3: Drug Use	Goal 4: Self-esteem	Goal 5:
most favorable outcome thought likely	No hassles for at least 2 weeks	No tardies ever	No drugs; no desire	To score at +60 on the Barksdale S-E scale	
more than expected success	occasional problem - no more frequent than 1 per week	no more than 1 tardy every 2 weeks	no dependency; occasional use; totally functional	+40 on S-E scale	
expected level of success	reduction in number of hassles	occasionally late but no complaints from instructor	no dependency; use which occasionally interferes with training	+20 on S-E scale	
less than expected success	daily arguments	3 tardies per week	dependent; interferes with work frequently	0 to -20 on S-E scale	
most unfavorable outcome thought likely	Increase in hassles - removal from program	Removed from program because of tardiness	total dependency; non-functional behavior	20 to -60 on S-E scale	

*Goals are mutually agreed upon by counselor and client.

EFFECTIVE TIME MANAGEMENT*

Barriers to Effective Time Management

1. Over commitment - can't say no!
2. Values and objectives not clarified
3. Role not properly defined
4. Baggage from past experience
5. Unusual family expectations
6. Physical illness
7. Telephone interruptions
8. Failure to delegate
9. Wasted commuting time
10. Traditions of the office, e.g., millions of meetings
11. Assumes that this state is a temporary condition
12. My boss or spouse controls my life
13. Protestant ethic -- keep busy
14. Hobbies
15. Crisis management
16.
17.
18.
19.
20.

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*Developed PEDR Urban Associates

INFORMATION SOURCES

Career Information

Federal Agencies. Almost all federal agencies publish information concerning occupations. Information about government publications of all kinds may be obtained by ordering the monthly catalog from the Supt. of Documents, U.S. Government Printing Office, Washington, D.C. This catalog lists all the materials published during the previous month. An alternate method of obtaining most information pertinent to counselors is to ask to be placed on the mailing list of the agencies which publish the bulk of federal occupational literature. These agencies include the Department of:

- Agriculture
- Defense
- Health, Education and Welfare
- Interior
- Labor (source of the Dictionary of Occupation Titles and the Occupational Outlook Handbook)
- State
- Treasury
- Civil Service Commission
- National Science Foundation
- National Aeronautics and Space Administration
- Office of Economic Opportunity

State Agencies. The sources at the state level which would probably provide the greatest amount of information would be the Department of Public Instruction and the State Employment Service.

Commercial Publishers. The following companies publish subscription services or series of monographs, pamphlets or books which deal with career information.

- Bellman Publishing Co., Box 172, Cambridge, Mass. 02138
- B'nai B'rith Vocational Service, 1640 Rhode Island Ave., N.W., Washington, D.C. 20036
- Careers, Largo, Fla. 33540
- Chronicle Guidance Publications, Moravia, N.Y. 13118
- Finney Company, 3350 Gorham Ave., Minneapolis, Minn. 55426
- The Guidance Centre, 371 Bloor St. W., Toronto, Ontario, Canada
- Institute for Research, 537 S. Dearborn St., Chicago, Ill. 60605
- Julian Messner, 1 West 39th St., New York, N.Y. 10018
- Personnel Services, Inc., Box 306, Jaffrey, N.H.
- Research Publishing Co., Box 1474, Madison, Wis. 53701
- Science Research Associates, Inc., 259 E. Erie, Chicago, Ill. 60611
- Vocational Guidance Manuals, 235 East 45th St., New York, N.Y. 10017
- Western Personnel Institute, 10th and Dartmouth, Claremont, California
- World Trade Academy Press, 50 E. 42nd St., New York, N.Y. 10017

The reader is referred to the books: Career Information in Counseling and Teaching by Isaacson, Allyn and Bacon, 1973, The Information Service in Guidance by Norris, Zeran and Hatch, Rand McNally, 1973, and Personalizing Information Processes by Hollis & Hollis, The Macmillan Company, 1970 for comprehensive listings of sources of printed information.

National Resource Organizations. The following organizations print large amounts of educational material appropriate for counselors' use. Ask to be put on their mailing list or be provided with listings of their publications.

- American Association of Poison Control Centers, Committee on Education, 10525 Carnegie Avenue, Cleveland, Ohio 44106.
- American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.
- American Pharmaceutical Association, 2215 Constitution Avenue N. W., Washington, D. C. 20037.
- World Health Organization, Pan-American Sanitary Bureau, 23rd Street and Virginia Avenue N. W., Washington, D. C. 20032.
- Bureau of Drug Abuse Control, Los Angeles Field Office, Petroleum Building, 714 West Olympic Blvd., Suite 1010, Los Angeles, California 90015.
- Bureau of Narcotics and Dangerous Drugs, Region XIII - Seattle, 311 U. S. Courthouse, Seattle, Washington 98104.
- Bureau of Narcotics and Dangerous Drugs, Department of Justice, 1405 I Street N. W., Washington, D. C. 20226.
- Center for Studies of Narcotics and Drug Abuse, U. S. Public Health Service, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20203.
- National Clearinghouse for Mental Health Information, U. S. Department of Health, Education and Welfare, Chevy Chase, Maryland 20015.
- Consumer Protection and Environmental Health Service, Department of Health, Education and Welfare, 5003 Federal Office Building, Seattle, Washington 98104.
- Food and Drug Administration, U. S. Department of Health, Education and Welfare, Washington, D. C.
- National Academy of Sciences--National Research Council, 2101 Constitution Avenue N. W., Washington, D. C. 20418.

- National Association of Retail Druggists, 1 East Wacker Drive, Chicago, Illinois 60601.
- National Coordinating Council on Drug Abuse, Education and Information, P.O. Box 19400, Washington, D.C., 20036.
- National Education Association, Publication-Sales Department, 1201 Sixteenth Street N.W., Washington D.C. 20036.
- National Institute of Mental Health, c/o Lura S. Jackson, Assistant to the Director for Narcotics and Drug Information, Office of Communications, 5454 Wisconsin Avenue, Chevy Chase, Maryland 20203.
- National Safety Council, 425 North Michigan Avenue, Chicago, Illinois 60611.
- Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.
- Synanon Foundation, Inc., 1910 Ocean Front Walk, Santa Monica, California 90405.
- The Associated Press, Room 601, 50 Rockefeller Plaza, New York, New York 90405.
- U.S. Department of Health, Education and Welfare, Washington, D.C. 20201.

Sources of Films Related to the Work of the Counselor. Film catalogs may be obtained by writing to the following companies:

- Jason Films, 2621 Palisade Ave., Riverdale, N.Y. 10463.
- International Film Bureau, Inc., 3325 Michigan Ave., Chicago, Illinois 60604.
- Contemporary Films, McGraw Hill Corporation, 330 West 42nd Street, New York, N.Y. 10036.
- Arthur Barr Productions, Inc., P.O. Box 7-C, Pasadena, California 91104.
- Time-Life Films, 43 W. 16th St., New York, N.Y. 10011.
- CBS Film Library, 51 W. 52nd St., New York, N.Y. 10019.

- Grove Press Cinema 16 Library, 80 University Place, New York, N.Y. 10003.
- Reaction Films, Intext, Scranton, Penn. 18515.
- NBC Educational Enterprises Inc., 30 Rockefeller Plaza, New York, N.Y. 10020.
- Encyclopedia Brittanica Educational Corporation, 180 E. Post Rd., White Plains, N.Y. 10601.
- Brandon Films, 221 W. 57th St., New York, N.Y. 10019.
- CCM Films Inc., 866 3rd Ave., New York, N.Y.
- Handel Film Corporation, 8730 Sunset Blvd., West Hollywood, Calif. 90069.
- University of California Extension Media, Film Distribution, 2223 Fulton St., Berkeley, California 94720.
- Asian-American Films, 3232 Campbell Hall, UCLA, Los Angeles, California 90024.
- Learning Corporation of America, 711 5th Ave., N.Y., N.Y. 10022.
- Indiana University A-V Center, Bloomington, Indiana 47401.
- Benchmark Films, Inc., 145 Scarboroug Rd., Briarcliff Manor, N.Y. 10510.
- N.Y. Times, Arno Press Library Service Department, 229 W. 43rd Street, New York, N.Y. 10036.
- Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.
- Mass Media Associates, Inc., 2116 N. Charles St., Baltimore, Maryland 21218.
- Stephen Bosutow Productions, 1649 11th St., Santa Monica, California 90404.
- Sterling Educational Films, 241 E. 34th St., N.Y., N.Y. 10016.
- Perennial Education, Inc., 1825 Willow Road, P.O. Box 236, Northfield, Illinois 60093.

- Youth Film Distribution Center, 4 W. 16th St., N.Y., N.Y. 10011.
- Paradigm Films, 2248 Broadway, New York, N.Y. 10024.
- Carousel Films, 1501 Broadway, New York, N.Y. 10036.
- Mass Communications of Columbia University, 440 W. 110th St., New York, N.Y. 10025.
- American Personnel and Guidance Association, 1605 New Hampshire Ave., N.W., Washington, D.C. 20009.
- Warner Brothers-Seven Arts, 666 5th Ave., N.Y., N.Y. 10019.
- Churchill Films, 662 N. Robertson Blvd., Los Angeles, California 90069.
- Peter Robeck and Co., 230 Park Ave., N.Y., N.Y. 10017.
- Gordon Hitchens, 838 West End Avenue, N.Y., N.Y. 10025.
- Blue Van Films, 28 W. 31st St., N.Y., N.Y.
- Filmmakers Library, 290 Westend Ave., N.Y., N.Y. 10023.
- Centron Education Films, 1621 W. 9th, Lawrence, Kansas 66044.
- Appleton-Century-Crofts, 440 Park Ave. South, N.Y., N.Y. 10016.
- National Film Board of Canada, 1251 Avenue of the Americas, New York, N.Y. 10020.
- Pyramid Films, 2801 Colorado Blvd., Santa Monica, Ca. 90404.

This is not an exhaustive listing but represents some of the most creative film producers and distributors in the country.

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